

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000016342

Entity Name: FLORIDACARE HEALTH PLANS, INC.

Current Principal Place of Business:

5730 S.W. 74TH ST,
STE. 200
SOUTH MIAMI, FL 33143

Current Mailing Address:

5730 S.W. 74TH ST,
STE. 200
SOUTH MIAMI, FL 33143 US

FEI Number: 82-4632870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name VICTORERO, GRACIELA V
Address 5730 S.W. 74TH ST,
 STE. 200
City-State-Zip: SOUTH MIAMI FL 33143

Title CFO
Name DURET, MARIA
Address 5730 SW 74TH ST
 SUITE 200
City-State-Zip: SOUTH MIAMI FL 33143

Title COO
Name FERNANDEZ, GEORGE M
Address 5730 S.W. 74TH ST,
 STE. 200
City-State-Zip: SOUTH MIAMI FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA DURET

CFO

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date