

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000083931

**Entity Name:** HEALTH PLAN ENROLLMENT CENTERS, INC.

**Current Principal Place of Business:**

10 FAIRWAY DR  
#305  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

5412 MCKINLEY STREET  
HOLLYWOOD, FL 33021 US

**FEI Number:** 83-2146781

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SARA, REGINA  
5412 MCKINELY STREET  
HOLLYWOOD, FL 33021 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	P
Name	SARA, REGINA
Address	10 FAIRWAY DR #305
City-State-Zip:	DEERFIELD BEACH FL 33441

*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:** REGINA SARA

**PRESIDENT**

**03/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date