

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000075711

**Entity Name:** OSCAR MANAGED CARE OF SOUTH FLORIDA, INC

**Current Principal Place of Business:**

75 VARICK STREET  
5TH FLOOR  
NEW YORK, NY 10013

**Current Mailing Address:**

75 VARICK STREET  
5TH FLOOR  
NEW YORK, NY 10013 US

**FEI Number:** 84-3281623

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION AVENUE, 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 DIRECTOR  
Name DOYLE, MARK  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR  
Name QUANE, ALESSANDREA C.  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR  
Name HILLEN, DENNIS C.  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR  
Name PALAZZETTI, FAUSTO  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title PRESIDENT  
Name QUANE, ALESSANDREA C.  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title TREASURER  
Name BALTRUS, VICTORIA L.  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title SECRETARY  
Name CURTIN, MELISSA C.  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR  
Name WEAVER, DENNIS D.  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

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*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:** ALESSANDREA C. QUANE

**PRESIDENT**

**04/05/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SALLWASSER, PAUL  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR  
Name CHEEMA, HARPREET  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR  
Name MUHART, MATTHEW  
Address 75 VARICK STREET  
5TH FLOOR  
City-State-Zip: NEW YORK NY 10013