

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000023328

Entity Name: EVOLV HEALTH PLAN, INC.

Current Principal Place of Business:

4509 BEE RIDGE RD
UNIT B
SARASOTA, FL 34233

Current Mailing Address:

4509 BEE RIDGE RD
UNIT B
SARASOTA, FL 34233

FEI Number: 86-1906120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAGNON, JEAN-SEBASTIEN
4109 32ND LANE E
BRADENTON, FL 34208 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: JEAN-SEBASTIEN GAGNON

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPD
Name HUNTER, JOSIAH
Address 4509 BEE RIDGE RD UNIT B
City-State-Zip: SARASOTA FL 34233

Title SD
Name LINDSEY, PHILIP ANDREW
Address 4509 BEE RIDGE RD - UNIT B
City-State-Zip: SARASOTA FL 34233

Title PD
Name GAGNON, JEAN-SEBASTIEN
Address 4509 BEE RIDGE RD UNIT B
City-State-Zip: SARASOTA FL 34233

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: JOSIAH HUNTER

DIRECTOR & TREASURER 02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date