

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036856

Entity Name: FLORIDA HEALTH PLAN ADMINISTRATORS, LLC

Current Principal Place of Business:

15400 CALHOUN DRIVE
SUITE 300
ROCKVILLE, MD 20855

Current Mailing Address:

151 FARMINGTON AVENUE
RW61
HARTFORD, CT 06156 US

FEI Number: 20-1130063

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
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

Authorized Person(s) Detail :

Title	MANAGER	Title	VICE PRESIDENT AND SECRETARY
Name	WEISS, RICHARD BRYAN	Name	LEE, EDWARD CHUNG-I
Address	15400 CALHOUN DRIVE SUITE 300	Address	15400 CALHOUN DRIVE SUITE 300
City-State-Zip:	ROCKVILLE MD 20855	City-State-Zip:	ROCKVILLE MD 20855
Title	MANAGER		
Name	FINKELMAN, ROBERT JAY		
Address	15400 CALHOUN DRIVE SUITE 300		
City-State-Zip:	ROCKVILLE MD 20855		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD CHUNG-I LEE

**VICE PRESIDENT AND
SECRETARY**

05/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date