

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036856

Entity Name: FLORIDA HEALTH PLAN ADMINISTRATORS, LLC

Current Principal Place of Business:

6720B ROCKLEDGE DRIVE,SUITE 800
BETHESDA, MD 20817

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
Name CIANO, CHRISTOPHER ARTHUR
Address 6720B ROCKLEDGE DRIVE,SUITE 800

City-State-Zip: BETHESDA MD 20817

Title MANAGER
Name FINKELMAN, ROBERT JAY
Address 6720B ROCKLEDGE DRIVE,SUITE 800

City-State-Zip: BETHESDA MD 20817

Title ASSISTANT SECRETARY
Name FINCH, DEBORAH E.
Address 6720B ROCKLEDGE DRIVE,SUITE 800

City-State-Zip: BETHESDA MD 20817

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: DEBORAH E. FINCH

ASSISTANT SECRETARY 04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date