

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000079235

Entity Name: HEALTHPLAN SERVICES INSURANCE AGENCY, LLC

Current Principal Place of Business:

4110 GEORGE ROAD
TAMPA, FL 33634

Current Mailing Address:

P.O. BOX 30098
ATTN: BUSINESS ENTITY LICENSING
TAMPA, FL 33630-3098 US

FEI Number: 04-2492425

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: BANDARU, NAGENDRA
Address: 5445 LEGACY DR.
STE 300
City-State-Zip: PLANO TX 75024

Title: MANAGER
Name: NAJERA, JAIME
Address: 780 BROOKSEDGE PLAZA DR
City-State-Zip: WESTERVILLE OH 43081

Title: ASST. SECRETARY
Name: TATUM, RICHARD
Address: 4110 GEORGE ROAD
City-State-Zip: TAMPA FL 33634

Title: PRESIDENT
Name: RHOADES, DEANA
Address: 4110 GEORGE ROAD
City-State-Zip: TAMPA FL 33634

Title: MANAGER & SECRETARY
Name: AGARWALA, BIKASH
Address: 2 TOWER CENTER BOULEVARD
SUITE 2200
City-State-Zip: EAST BRUNSWICK NJ 08816

Title: MANAGER
Name: JHUNJHUNWALA, BAJRANG
Address: 425 NATIONAL AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

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: DEANA RHOADES

PRESIDENT

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date