

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000090640

Entity Name: MYHEALTHPLAN, LLC

Current Principal Place of Business:

495 MARINER BLVD
SPRING HILL, FL 34609

Current Mailing Address:

495 MARINER BLVD
SPRING HILL, FL 34609 US

FEI Number: 88-3080450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATISTA, SUSAN
495 MARINER BLVD
SPRING HILL, FL 34638 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	MGR	Title	MGR
Name	BATISTA, SUSAN	Name	SINGH, PARIKSITH
Address	495 MARINER BLVD	Address	495 MARINER BLVD
City-State-Zip:	SPRING HILL FL 34609	City-State-Zip:	SPRING HILL FL 34609

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: SUSAN BATISTA

OWNER

03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date