

**2023 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: BATISTA, SUSAN**

**CO-OWNER**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date