

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000004032

Entity Name: INNOVATIVE HEALTH PLAN, LLC

Current Principal Place of Business:

88 HICKORY LANE
MADISON, CT 06443

Current Mailing Address:

PO BOX 4127
MADISON, CT 06443 US

FEI Number: 45-5073817

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEPIN, JEFFREY C ESQ
3418 POINSETTIA AVE
WEST PALM BEACH, FL 33407 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
Name JACKSON, ALLEN
Address 88 HICKORY LN
City-State-Zip: MADISON CT 06443

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: ALLEN JACKSON

MEMBER

02/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date