

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000002703

Entity Name: MEDIGAP HEALTHCARE INSURANCE AGENCY, LLC

Current Principal Place of Business:

300 BOULEVARD OF THE AMERICAS STE 105
LAKEWOOD, NJ 08701

Current Mailing Address:

300 BOULEVARD OF THE AMERICAS STE 105
LAKEWOOD, NJ 08701 US

FEI Number: 87-4533493

Certificate of Status Desired: No

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 MGR
Name BEYMAN, EZRA
Address 300 BOULEVARD OF THE AMERICAS
STE 105
City-State-Zip: LAKEWOOD NJ 08701

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: EZRA BEYMAN

MGR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date