

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000591

Entity Name: MICHIGAN MEDICAL ADVANTAGE, INC.**Current Principal Place of Business:**39555 ORCHARD HILL PLACE
SUITE 445
NOVI, MI 48375**Current Mailing Address:**39555 ORCHARD HILL PLACE
SUITE 445
NOVI, MI 48375 US**FEI Number:** 38-3316792**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

Officer/Director Detail :

Title VP
Name ANGUILM, CHAD
Address 39555 ORCHARD HILL PLACE
SUITE 445
City-State-Zip: NOVI MI 48375

Title VP
Name EL REDA, DARLINE
Address 39555 ORCHARD HILL PLACE
SUITE 445
City-State-Zip: NOVI MI 48375

Title ASST. SECRETARY, VP
Name LAIDLAW, GREGORY
Address 39555 ORCHARD HILL PLACE
SUITE 445
City-State-Zip: NOVI MI 48375

Title DIRECTOR, PRESIDENT
Name MACLELLAN, PAUL
Address 39555 ORCHARD HILL PLACE
SUITE 445
City-State-Zip: NOVI MI 48375

Title DIRECTOR
Name CASSAVAR, DANIEL
Address 39555 ORCHARD HILL PLACE
SUITE 445
City-State-Zip: NOVI MI 48375

Title DIRECTOR, SECRETARY
Name MCHALE, DAVID A
Address 185 GREENWOOD ROAD
City-State-Zip: NAPA CA 94558

Title CFO, DIRECTOR, TREASURER
Name VANDERLAAN, MARCO ADRIAN
Address 39555 ORCHARD HILL PLACE
SUITE 445
City-State-Zip: NOVI MI 48375

Title CHAIRMAN, DIRECTOR
Name ANDERSON MD, RICHARD E
Address 185 GREENWOOD ROAD
City-State-Zip: NAPA CA 94558

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID A. MCHALE**SECRETARY****04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CEO, DIRECTOR
Name WHITE JR, ROBERT E
Address 39555 ORCHARD HILL PLACE
 SUITE 445
City-State-Zip: NOVI MI 48375

Title DIRECTOR
Name THODE, MARY ANN
Address 39555 ORCHARD HILL PLACE
 SUITE 445
City-State-Zip: NOVI MI 48375

Title VP
Name HOWARD, ANGIE
Address 39555 ORCHARD HILL PLACE
 SUITE 445
City-State-Zip: NOVI MI 48375

Title VP
Name RILEY, WILLIAM
Address 39555 ORCHARD HILL PLACE
 SUITE 445
City-State-Zip: NOVI MI 48375

Title DIRECTOR
Name HORNBERGER MASTERSON, ELLEN
Address 39555 ORCHARD HILL PLACE
 SUITE 445
City-State-Zip: NOVI MI 48375

Title DIRECTOR
Name RUPP MD, WILLIAM
Address 39555 ORCHARD HILL PLACE
 SUITE 445
City-State-Zip: NOVI MI 48375

Title VP
Name BAWCUM, BEN
Address 39555 ORCHARD HILL PLACE
 SUITE 445
City-State-Zip: NOVI MI 48375