2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2018
Secretary of State
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Entity Name: FLORIDA ASSOCIATION OF HEALTH PLANS, INC.

Current Principal Place of Business:

200 WEST COLLEGE AVE
SUITE 104
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 10748
TALLAHASSEE, FL 32302

FEI Number: 65-0598901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, AUDREY S
200 WEST COLLEGE AVE
SUITE 104
TALLAHASSEE, FL 32301 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: AUDREY S BROWN 01/18/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO	Title	SECRETARY
Name	BROWN, AUDREY S	Name	GARNER, MICHAEL
Address	200 WEST COLLEGE AVE SUITE104	Address	200 W COLLEGE AVE. SUITE 114
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301
Title	CHAIRMAN	Title	TREASURER
Name	TINER, BROOKE	Name	TINDALL, JEFFREY
Address	1820 E PARK AVE., STE. 203	Address	900 COTTAGE GROVE ROAD
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	BLOOMFIELD CT 06002

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AUDREY BROWN PRESIDENT/CEO 01/18/2018

Electronic Signature of Signing Officer/Director Detail — Date