**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 07, 2016**
**Secretary of State**
**CC2405226164**

DOCUMENT# P10000079478

**Entity Name:** HEALTH PLANS PATH CORP.

**Current Principal Place of Business:**

5201 BLUE LAGOON DRIVE,
SUITE 815
MIAMI, FL 33126

**Current Mailing Address:**

5201 BLUE LAGOON DRIVE,
SUITE 815
MIAMI, FL 33126 US

**FEI Number: 27-3587761**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SILVERIO, PABLO
5201 BLUE LAGOON DRIVE,
815
MIAMI, FL 33126 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 | PD | Title | TSD |
| Name | SILVERIO, PABLO | Name | DEL VALLE, ALBERTO |
| Address | 5201 BLUE LAGOON DRIVE<br>815 | Address | 5201 BLUE LAGOON DRIVE<br>815 |
| City-State-Zip: | MIAMI FL 33126 | City-State-Zip: | MIAMI FL 33126 |
| Title | VD | Title | SECRETARY |
| Name | SILVERIO-BENET, PAUL G | Name | SILVERIO-BENET, PAUL G |
| Address | 5201 BLUE LAGOON DRIVE<br>815 | Address | 5201 BLUE LAGOON DRIVE,<br>SUITE 815 |
| City-State-Zip: | MIAMI FL 33126 | City-State-Zip: | MIAMI FL 33126 |

*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: PAUL G SILVERIO-BENET VP/SEC 04/07/2016

Electronic Signature of Signing Officer/Director Detail — Date