2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2019
Secretary of State
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Entity Name: LONGEVITY HEALTH PLAN OF FLORIDA, INC.

Current Principal Place of Business:

485 MADISON AVENUE, SUITE 202
NEW YORK, NY 10022

Current Mailing Address:

485 MADISON AVENUE, SUITE 202
NEW YORK, NY 10022 US

FEI Number: 83-2467751

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPOARTION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIR	Title	DIR
Name	LANDAU, JOEL	Name	KOHN, JUDY
Address	485 MADISON AVENUE, SUITE 202	Address	485 MADISON AVENUE, SUITE 202
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022
Title	DIR	Title	DIR
Name	RANDAZZO, JOHN	Name	HARRINGTON, DAVID
Address	485 MADISON AVENUE, SUITE 202	Address	485 MADISON AVENUE, SUITE 202
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022

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: JUDY KOHN CEO 07/08/2019

Electronic Signature of Signing Officer/Director Detail — Date