

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000029030

Entity Name: HEALTH PROTECTION PLANS, INC.**Current Principal Place of Business:**17110 CYPRESS PRESERVE PARKWAY
ORLANDO, FL 32820**Current Mailing Address:**17110 CYPRESS PRESERVE PARKWAY
P.O. BOX 780934
ORLANDO, FL 32820 US**FEI Number: 83-4313641****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SETHI, JAGTAR S
17110 CYPRESS PRESERVE PARKWAY
ORLANDO, FL 32820 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	P
Name	SETHI, JAGTAR S
Address	17110 CYPRESS PRESERVE PARKWAY
City-State-Zip:	ORLANDO FL 32820

Title	SECY
Name	SETHI, ALKA
Address	17110 CYPRESS PRESERVE PARKWAY
City-State-Zip:	ORLANDO FL 32820

Title	VP
Name	SETHI, GAVINDER S
Address	2726 GALLOWS ROAD, # 305
City-State-Zip:	VIENNA VA 22180

Title	VP
Name	SETHI, RACHNA
Address	17110 CYPRESS PRESERVE PARKWAY
City-State-Zip:	ORLANDO FL 32820

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: JAGTAR S SETHI**PRESIDENT****01/23/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date