

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000184330

**Entity Name:** ONE PLUS MEDICAL PLAN LLC

**Current Principal Place of Business:**

1840 W 49 STREET  
SUITE 410  
HIALEAH, FL 33012

**Current Mailing Address:**

13356 SW 47 STREET  
MIRAMAR, FL 33027 US

**FEI Number:** 81-4072908

**Certificate of Status Desired:** No

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

HERNANDEZ, HECTOR JR  
13356 SW 47 STREET  
MIRAMAR, FL 33027 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

**Authorized Person(s) Detail :**

Title            AMBR  
Name            HERNANDEZ, HECTOR JR  
Address        13356 SW 47 STREET  
City-State-Zip: MIRAMAR FL 33027

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HECTOR JR HERNANDEZ

AMBR

06/26/2020

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date