

2018 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 HERNANDEZ JR

MANAGER

05/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date