

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000184330

Entity Name: ONE PLUS MEDICAL PLAN LLC

Current Principal Place of Business:

5881 NW 151ST STREET
SUITE 101
MIAMI LAKES, FL 33014

Current Mailing Address:

5881 NW 151 STREET STE 101
MIAMI LAKES, FL 33014 US

FEI Number: 81-4072908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, HECTOR JR
5881 NW 151 STREET STE 101
MIAMI LAKES, FL 33014 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 5881 NW 151 STREET STE 101
City-State-Zip: MIAMI LAKES FL 33014

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

AMBR

04/04/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date