

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000249065

Entity Name: HEALTHPLEX AMERICA, LLC

Current Principal Place of Business:

200 W. CYPRESS CREEK ROAD, STE. 500
FORT LAUDERDALE, FL 33309

Current Mailing Address:

200 W. CYPRESS CREEK ROAD, STE. 500
FORT LAUDERDALE, FL 33309 US

FEI Number: 83-2329503

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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

Authorized Person(s) Detail :

Title MANAGER
Name WIFFLER, THOMAS PATRICK
Address 200 EAST RANDOLPH STREET
SUITE 5300
City-State-Zip: CHICAGO IL 60601

Title MANAGER
Name BEDARD, JAMES FRANCIS
Address 185 ASYLUM STREET, CITY PLACE I
City-State-Zip: HARTFORD CT 06103

Title SECRETARY
Name MICHAEL CHARLES, BRODY
Address 680 BLAIR MILL RD
City-State-Zip: HORSHAM PA 19044

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: MICHAEL CHARLES , BRODY

SECRETARY

04/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date