

**2023 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:**9900 BREN ROAD EAST  
MINNETONKA, MN 55343 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 P.  
Address 9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title AUTHORIZED PERSON  
Name BRODY, MICHAEL C.  
Address 680 BLAIR MILL RD  
City-State-Zip: HORSHAM PA 19044

Title AUTHORIZED PERSON  
Name VIGNOLA, VALERIE  
Address 333 EARLE OVINGTON BLVD.  
City-State-Zip: UNIONDALE NY 11553

Title AUTHORIZED PERSON, MANAGER  
Name VAN HAM, COLLEEN H.  
Address 9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title AUTHORIZED PERSON  
Name GILL, PETER M.  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title AUTHORIZED PERSON  
Name LANG, HEATHER A.  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

*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:** HEATHER A. LANG**AUTHORIZED PERSON****02/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date