

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000012394

Entity Name: HEALTHPLANONE, LLC

Current Principal Place of Business:

35 NUTMEG DRIVE
SUITE 220
TRUMBULL, CT 06611

Current Mailing Address:

35 NUTMEG DRIVE
SUITE 220
TRUMBULL, CT 06611 US

FEI Number: 20-4098658

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PAJAK, BEN
Address 35 NUTMEG DRIVE
 SUITE 220
City-State-Zip: TRUMBULL CT 06611

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: BEN PAJAK

MANAGER

01/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date