

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002212

Entity Name: HEALTH PLAN ONE, INC.

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: 26-2240193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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

Officer/Director Detail :

Title PD
Name STAPLETON, WILLIAM
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAMIAN PAGAN

ACCOUNTANT

06/19/2020

Electronic Signature of Signing Officer/Director Detail

Date