

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003563

Entity Name: HEALTH PLANS, AN HPHC COMPANY**Current Principal Place of Business:**1500 WEST PARK DRIVE
SUITE 330
WESTBOROUGH, MA 01581**Current Mailing Address:**1500 WEST PARK DRIVE
SUITE 330
WESTBOROUGH, MA 01581 US**FEI Number:** 04-2734278**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**Officer/Director Detail :**

Title	PRESIDENT
Name	HODGES, DEBORAH M.
Address	1500 WEST PARK DRIVE SUITE 330
City-State-Zip:	WESTBOROUGH MA 01581

Title	DIRECTOR
Name	ABRUZZESE, DEREK
Address	1500 WEST PARK DRIVE SUITE 330
City-State-Zip:	WESTBOROUGH MA 01581

Title	TREASURER
Name	CLAYMEN, MICHELLE
Address	1500 WEST PARK DRIVE SUITE 330
City-State-Zip:	WESTBOROUGH MA 01581

Title	DIRECTOR, CHAIRMAN
Name	CARSON, MICHAEL A.
Address	93 WORCESTER ST
City-State-Zip:	WELLESLEY MA 02481

Title	SECRETARY
Name	RASCH, KEVIN
Address	1500 WEST PARK DRIVE SUITE 330
City-State-Zip:	WESTBOROUGH MA 01581

Title	DIRECTOR
Name	KURPAD, UMESH
Address	1500 WEST PARK DRIVE SUITE 330
City-State-Zip:	WESTBOROUGH MA 01581

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: DEBORAH M. HODGES**PRESIDENT****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date