

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000100502

Entity Name: FRIDAY HEALTH PLANS OF FLORIDA, INC.

Current Principal Place of Business:

700 MAIN STREET
ALAMOSA, CO 81101

Current Mailing Address:

700 MAIN STREET
ALAMOSA, CO 81101 US

FEI Number: 87-3791242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH 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 CEO
Name GENTILE, SALVATORE
Address 700 MAIN STREET
City-State-Zip: ALAMOSA CO 81101

Title PRESIDENT
Name PINKERT, DAVID
Address 700 MAIN STREET
City-State-Zip: ALAMOSA CO 81101

Title COO
Name MUELLER, JENNIFER
Address 700 MAIN STREET
City-State-Zip: ALAMOSA CO 81101

Title CFO
Name AMMONS, KIMBERLY
Address 700 MAIN STREET
City-State-Zip: ALAMOSA CO 81101

Title SECRETARY
Name YACUZZO, LISA
Address 700 MAIN STREET
City-State-Zip: ALAMOSA CO 81101

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: LISA YACUZZO

SECRETARY

01/03/2022

Electronic Signature of Signing Officer/Director Detail

Date