

**2023 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            BIERBOWER, ELIZABETH  
Address        700 MAIN STREET  
City-State-Zip: ALAMOSA CO 81101

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

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

Title            OTHER  
Name            DOMERACKI, CRAIG  
Address        1777 S. HARRISON ST.  
                  SUITE 1100  
City-State-Zip: DENVER CO 80210

*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: STACY KNOWLTON**

**SECRETARY**

**03/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date