



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
001070241	HEALTH PLAN INTERMEDIARIES HOLDINGS, LLC	Good Standing Certificate

Total Fee: \$22.00

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: DANIEL GARAVUSO

Business Name: HEALTH INSURANCE INNOVATIONS

No. and Street: 15438 N. FLORIDA AVENEUE
SUITE 201

City or Town: TAMPA

State: FL

Zip: 33613

Country: USA

Contact Phone: (813) 397-1493 ext:

Contact Email: DGARAVUSO@HIIQUOTE.COM

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.