

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003178

FILED
Apr 11, 2005
Secretary of State

Entity Name: EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

26711 NORTHWESTERN HWY
SUITE 400
SOUTHFIELD, MI 480342154

New Principal Place of Business:

Current Mailing Address:

26711 NORTHWESTERN HWY
SUITE 400
SOUTHFIELD, MI 480342154

New Mailing Address:

FEI Number: 38-2776173 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: FYNKE, MINDI
Address: 26711 NORTHWESTERN HWY
City-St-Zip: SOUTHFIELD, MI 480342154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MINDI FYNKE

CPST

04/11/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date