

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003178

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.

**Current Principal Place of Business:**

26711 NORTHWESTERN HWY  
SUITE 400  
SOUTHFIELD, MI 480332154 US

**New Principal Place of Business:**

**Current Mailing Address:**

26711 NORTHWESTERN HWY  
SUITE 400  
SOUTHFIELD, MI 480332154 US

**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:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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  
Name: FYNKE, MINDI  
Address: 26711 NORTHWESTERN HWY, STE 400  
City-St-Zip: SOUTHFIELD, MI 480332154

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: MINDI FYNKE

CPST

04/27/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date