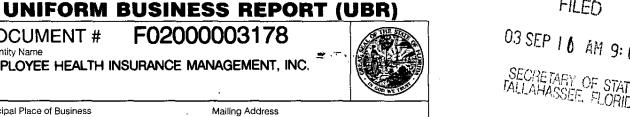
FILED





	e of Business TWELVE MILE RD., SUITE MI 48084	101 2470	Mailing Address 24700 West Twelve Mile RD Suite 101 Southfield MI 48084			3 1 6 8 11 6 9 11				
2. Principal P	lace of Business	3. Ma	3. Mailing Address				II BAIRD IIDIS DAIDI DDII) 198 0 1980 1	8388 (1) 3 5 (13)3	1000 1011 1001
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State	e ·	City	City & State			4. FEI Number	38-2776173		—	oplied For ot Applicable
Zip	Country	Zip	,	Country		5. Certificate of	Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent						7. Name and Ac	dress of New Re	gistered A	gent	
			•	Name)					
	Poration System JTH Pine Island Ro	AD	Street Address			s (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324										
				City				FL	Zip Cod	e
	named entity submits trions of registered agent.		pose of changing its r	registered office	or registered	d agent, or both, i	n the State of Flor	ida. I am fa	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name	of registered agent and title if ap	plicable. (NOTE:	Registered Agent sig	nature required wh	nen reinstating)		DATE		
After Sep	ILE NOW!!! FEE IS ptember 10, 2003 Fee Payable to Florida D	will be \$750.00				1	on Campaign Fina Fund Contribution			May Be to Fees
10.		FFICERS AND DIRECTO	ORS	11.		ADDITIONS/CH	IANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST FYNKE, MINDI 24700 WEST TWEL' SOUTHFIELD MI 48	/E MILE RD., SUITE 084	□ Delete 101	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	900 09/10/03	102293 301072	3356 008 *	□ Change 5: '9 :*550.00	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	<u> </u>			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			· -	Change	☐ Addition
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TITLE			☐ Delete	TITLE					Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2003 FOR PROFIT CORPORATION

EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.

DOCUMENT #

1. Entity Name

F02000003178