


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

04-30-2007 90842 002 ***150.00

| | | | |
|--|-----------------------------------|---|---|
| DOCUMENT # P0000035187 | |  | |
| 1. Entity Name FLORIDA SENIOR HEALTH INSURANCE AGENCY, INC. | | | |
| Principal Place of Business 1641 N.W. 110TH TERRACE PEMBROKE PINES, FL 33026 | | Mailing Address 1641 N.W. 110TH TERRACE PEMBROKE PINES, FL 33026 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LOOMAR, L. GREGORY ESQ. 1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 | | Name <i>Stephen Margulis, Esq</i> Street Address (P.O. Box Number is Not Acceptable) <i>841 S.W. 72 Avenue</i> City <i>Plantation</i> FL Zip Code <i>33317</i> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> <i>841 S.W. 72 AVE</i> <i>PO BOX 16282 PLANTATION FL 33317</i> DATE <i>5/2/07</i> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIRELLO, CHRISTINE M | NAME | |
| STREET ADDRESS | 1641 N.W. 110TH TERRACE | STREET ADDRESS | |
| CITY - ST - ZIP | PEMBROKE PINES, FL 33026 | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. | | | |
| SIGNATURE: <i>Christie Girello</i> | | Date <i>4/26/07</i> 954-431-4150 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |