

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007977

**FILED**  
**Feb 09, 2023**  
**Secretary of State**  
**1065050756CC**

**Entity Name:** PALM BEACH ASSOCIATION OF HEALTH UNDERWRITERS INC

**Current Principal Place of Business:**

1023 SHADY LAKES CIRCLE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

1023 SHADY LAKES CIRCLE  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 20-3258273

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TUNIS, TRAVIS BRADLEY  
1023 SHADY LAKES CIR  
PALM BEACH GARDENS, FL 33418 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MURPHY, STACY  
Address        11143 MARITIME CT  
City-State-Zip: WELLINGTON FL 33449

Title            TREASURER  
Name            TUNIS, TRAVIS  
Address        1023 SHADY LAKES CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            VP  
Name            GUTIERREZ, SOPHIA  
Address        425 E WHITNEY DR  
City-State-Zip: JUPITER FL 33458

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRAVIS TUNIS

**TREASURER**

**02/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date