

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000077892

**Entity Name:** SOUTH FLORIDA AFFILIATED HEALTH INSURERS, INC.

**Current Principal Place of Business:**

12281 WEDGE WAY  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

12281 WEDGE WAY  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 55-0839019

**Certificate of Status Desired:** No

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

ISRAEL, STEVEN I  
12281 WEDGE WAY  
BOYNTON BEACH, FL 33437 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            ISRAEL, STEVEN I  
Address        12281 WEDGE WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title            TREASURER  
Name            ISRAEL-GEMMEL, ALISSA  
Address        12281 WEDGE WAY  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** STEVEN ISRAEL

**PRESIDENT**

**02/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date