

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000077892

**Entity Name:** SOUTH FLORIDA AFFILIATED HEALTH INSURERS, INC.**Current Principal Place of Business:**904 NEWLAKE DR  
BOYNTON BEACH, FL 33426**Current Mailing Address:**904 NEWLAKE DR  
BOYNTON BEACH, FL 33426 US**FEI Number:** 55-0839019**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ISRAEL, RICHARD C  
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:** RICHARD C ISRAEL

04/16/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	P
Name	ISRAEL GEMMEL, ALISSA
Address	904 NEWLAKE DRIVE
City-State-Zip:	BOYNTON BEACH FL 33426

Title	SV
Name	ISRAEL, RICHARD
Address	904 NEWLAKE DRIVE
City-State-Zip:	BOYNTON BEACH FL 33426

*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:** RICHARD C ISRAEL

VICE-PRESIDENT

04/16/2022

Electronic Signature of Signing Officer/Director Detail

Date