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

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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:

Officer/Director Detail :					
Title	PVT	Title	S		
Name	ISRAEL, STEVEN I	Name	ALLSHOUSE, SUSAN E		
Address	4204 MANOR FOREST TR	Address	4204 MANOR FOREST TR		
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	BOYNTON BEACH FL 33436		

Current Mailing Address:

4204 MANOR FOREST TR. BOYNTON BEACH. FL 33436

DOCUMENT# P03000077892

Current Principal Place of Business:

4204 MANOR FOREST TR. BOYNTON BEACH. FL 33436

FEI Number: 55-0839019

Name and Address of Current Registered Agent:

ISRAEL, STEVEN I 4204 MANOR FOREST TR BOYNTON BEACH, FL 33436 US

Entity Name: SOUTH FLORIDA AFFILIATED HEALTH INSURERS, INC.

FILED Apr 25, 2016 Secretary of State CC0799440959

Certificate of Status Desired: No

PRESIDENT

04/25/2016

Date

Date