

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000077892

Entity Name: SOUTH FLORIDA AFFILIATED HEALTH INSURERS, INC.**Current Principal Place of Business:**5754 LINCOLN CIRCLE E
LAKE WORTH, FL 33463**Current Mailing Address:**5754 LINCOLN CIRCLE E
LAKE WORTH, FL 33463 US**FEI Number:** 55-0839019**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ISRAEL-GEMMEL, ALISSA
5754 LINCOLN CIRCLE E
LAKE WORTH, FL 33463 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:** ALISSA ISRAEL-GEMMEL

06/17/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	ISRAEL-GEMMEL, ALISSA
Address	5754 LINCOLN CIRCLE E
City-State-Zip:	LAKE WORTH FL 33463

Title	P
Name	ISRAEL GEMMEL, ALISSA
Address	5754 LINCOLN CIRCLE E
City-State-Zip:	LAKE WORTH FL 33463

Title	SV
Name	ISRAEL, RICHARD
Address	118 MURPHY ROAD
City-State-Zip:	LACEY'S SPRING AL 35754

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 ISRAEL

VICE PRESIDENT

06/17/2022

Electronic Signature of Signing Officer/Director Detail

Date