

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000077892

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

**Current Principal Place of Business:**

4204 MANOR FOREST TR.  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

4204 MANOR FOREST TR.  
BOYNTON BEACH, FL 33436

**FEI Number: 55-0839019**

**Certificate of Status Desired: No**

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

ISRAEL, STEVEN I  
4204 MANOR FOREST TR  
BOYNTON BEACH, FL 33436 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 PVT  
Name ISRAEL, STEVEN I  
Address 4204 MANOR FOREST TR  
City-State-Zip: BOYNTON BEACH FL 33436

Title S  
Name ALLSHOUSE, SUSAN E  
Address 4204 MANOR FOREST TR  
City-State-Zip: BOYNTON BEACH FL 33436

*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**

**03/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date