**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 11, 2025**
**Secretary of State**
**6253892247CC**

DOCUMENT# P15000046753

**Entity Name:** INSURE HEALTH LIFE CORP

**Current Principal Place of Business:**

7757 W FLAGLER STREET
SUITE 210
MIAMI, FL 33144

**Current Mailing Address:**

5466 DOUBLE EAGLE CIR
UNIT 3416
AVE MARIA, FL 34142 US

**FEI Number: 47-4114341**

**Certificate of Status Desired:** No

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

OLIVA, FELISA M
5466 DOUBLE EAGLE CIR
UNIT 3416
AVE MARIA, FL 34142 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 | P | Title | EXECUTIVE SECRETARY |
| Name | OLIVA, FELISA M | Name | OLIVA, NORLAN SR. |
| Address | 5466 DOUBLE EAGLE CIR<br>UNIT 3416 | Address | 5466 DOUBLE EAGLE CIR<br>UNIT 3416 |
| City-State-Zip: | AVE MARIA FL 34142 | City-State-Zip: | AVE MARIA FL 34142 |

*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: NORLAN OLIVA PRESIDENT 02/11/2025

Electronic Signature of Signing Officer/Director Detail — Date