2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2017
Secretary of State
CC1592086892

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Entity Name: CAREFAMILY INSURANCE INC

Current Principal Place of Business:

2630 SW 107 AVE
MIAMI, FL 33165

Current Mailing Address:

2630 SW 107 AVE
MIAMI, FL 33165

FEI Number: 81-2176364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, JOHANNA
2630 SW 107 AVE
MIAMI, FL 33165 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
Name	TAYLOR, JOHANNA
Address	2630 SW 107 AVE
City-State-Zip:	MIAMI FL 33165

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: JOHANNA TAYLOR PRES 03/01/2017

Electronic Signature of Signing Officer/Director Detail — Date