

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000096291

Entity Name: AMERICA'S HEALTH ADVISORS INSURANCE AGENCY INC**Current Principal Place of Business:**1001 W CYPRESS CREEK ROAD, STE 410
FORT LAUDERDALE, FL 33309**Current Mailing Address:**1001 W CYPRESS CREEK ROAD, STE 410
FORT LAUDERDALE, FL 33309 US**FEI Number:** 81-4576655**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RYAN H LEHRER, ESQ
CO TRIPP SCOTT PA
110 SE 6TH STREET 15TH FLOOR
FORT LAUDERDALE, FL 33301 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:** RYAN H LEHRER**05/03/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	DONISI, CHARLES
Address	1001 W CYPRESS CREEK ROAD, STE 410
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	PRESIDENT
Name	JAXTHEIMER, EVAN
Address	1001 W CYPRESS CREEK ROAD, STE 410
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	PRESIDENT
Name	BOWSKY, BRANDON
Address	1001 W CYPRESS CREEK ROAD, STE 410
City-State-Zip:	FORT LAUDERDALE FL 33309

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: CHARLES DONISI**PRESIDENT****05/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date