

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000050451

Entity Name: AMERICAS HEALTH PARTNERS INSURANCE AGENCY INC

Current Principal Place of Business:

2900 GATEWAY DRIVE
POMPANO BEACH, FL 33069

Current Mailing Address:

2900 GATEWAY DRIVE
POMPANO BEACH, FL 33069 US

FEI Number: 82-1754331

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REED, MONICA
BOX 4030
FORT LAUDERDALE, FL 33338 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 DONISI, CHARLES
Address 255 SOUTH TRADEWINDS AVENUE
City-State-Zip: LAUDERDALE BY THE SEA FL 33308

Title VP
Name JAXTHEIMER, EVAN
Address 2716 NE 34TH STREET
City-State-Zip: FORT LAUDERDALE FL 33306

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

01/03/2018

Electronic Signature of Signing Officer/Director Detail

Date