

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000089365

**Entity Name:** AMERICA'S HEALTH INSURANCE ADVISORS INC

**Current Principal Place of Business:**

5451 N STATE RD 7  
#590234  
FT LAUDERDALE, FL 33359

**Current Mailing Address:**

5451 N STATE RD 7  
#590234  
FT LAUDERDALE, FL 33359

**FEI Number:** 83-2293624

**Certificate of Status Desired:** No

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

WILBY, NATASHA  
5451 N STATE RD 7  
#590234  
FT LAUDERDALE, FL 33359 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 WILBY, NATASHA  
Address 5451 N STATE RD 7 #590234  
City-State-Zip: FT LAUDERDALE FL 33359

*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:** NATASHA WILBY

**PRESIDENT**

**04/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date