

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000026308

Entity Name: THE HEALTH INSURANCE MOM, CORP

Current Principal Place of Business:

3569 SANTA FE PL
COCONUT CREEK, FL 33073

Current Mailing Address:

3569 SANTA FE PL
COCONUT CREEK, FL 33073 US

FEI Number: 88-1393021

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROOKS, DANEE
3569 SANTA FE PL
COCONUT CREEK, FL 33073 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 BROOKS, DANEE
Address 3569 SANTA FE PL
City-State-Zip: COCONUT CREEK FL 33073

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: DANEE BROOKS

PRESIDENT

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date