2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2022
Secretary of State
3395518243CC

DOCUMENT# L15000147620

Entity Name: HEALTH INSURANCE ASSOCIATES LLC

Current Principal Place of Business:

844 WILLIAMS LANE
PORT ORANGE, FL 32127

Current Mailing Address:

844 WILLIAMS LANE
PORT ORANGE, FL 32127 US

FEI Number: 36-4816928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTOFORAKIS, CONSTANTINE
844 WILLIAMS LANE
PORT ORANGE, FL 32127 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

Authorized Person(s) Detail :

Title	MGR
Name	CHRISTOFORAKIS, CONSTANTINE
Address	844 WILLIAMS LANE
City-State-Zip:	PORT ORANGE FL 32127

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONSTANTINE CHRISTOFORAKIS MANAGING DIRECTOR 03/13/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date