

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000147620

Entity Name: HEALTH INSURANCE ASSOCIATES LLC

Current Principal Place of Business:

1175 BEVILLE ROAD
DAYTONA BEACH, FL 32119

Current Mailing Address:

1175 BEVILLE ROAD
DAYTONA BEACH, FL 32119 US

FEI Number: 36-4816928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTOFORAKIS, CONSTANTINE
1175 BEVILLE ROAD
DAYTONA BEACH, FL 32119 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 1175 BEVILLE ROAD
City-State-Zip: DAYTONA BEACH FL 32119

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

04/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date