

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000147620

**Entity Name:** HEALTH INSURANCE ASSOCIATES LLC

**Current Principal Place of Business:**

833 MASON AVENUE  
DAYTONA BEACH, FL 32118

**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

Title MGR  
Name NAIMOLI, JOHN  
Address 833 MASON AVENUE  
City-State-Zip: DAYTONA BEACH FL 32118

*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

**OWNER**

**03/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date