

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003178

Entity Name: EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

26711 NORTHWESTERN HWY
SUITE 400
SOUTHFIELD, MI 48033-2154

Current Mailing Address:

26711 NORTHWESTERN HWY
SUITE 400
SOUTHFIELD, MI 48033-2154 US

FEI Number: 38-2776173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 PRESIDENT, SECRETARY,
 TREASURER, DIRECTOR
Name FYNKE, MINDI K
Address 26711 NORTHWESTERN HWY, STE
 400
City-State-Zip: SOUTHFIELD MI 48033-2154

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: MINDI K FYNKE

CEO/PRESIDENT

01/12/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date