

**2016 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:** Yes

**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

**PRESIDENT**

**01/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date