

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

06-21-2006 90002 031 \*\*\*\*61.25

**DOCUMENT # F05000002868**

1. Entity Name

CONSUMER HEALTH BENEFIT ASSOCIATION, INC.



Principal Place of Business

16476 CHESTERFIELD AIRPORT RD., 2ND FL  
CHESTERFIELD, MO 63017

Mailing Address

16476 CHESTERFIELD AIRPORT RD., 2ND FL  
CHESTERFIELD, MO 63017



04192006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

43-1729532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WERNER, RONALD  
4875 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33063

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPS  
WERNER, RONALD  
1620 SWEET BAY WAY  
HOLLYWOOD, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCVP  
LEO, LOUIS  
7485 RIDGEFIELD LANE  
LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
IZZARONE, JOSEPH  
439 GRESWALD DRIVE  
LAKE WORTH, FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRIDDIN, HARRY  
2530 HENRIETTA CT.  
LANTANA, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LEO, LOUIS  
7485 RIDGEFIELD LANE  
LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/06 954-970-0383