

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006126

FILED
Jan 14, 2008
Secretary of State

Entity Name: YOUR HEALTH INSURANCE AGENCY, INC.

Current Principal Place of Business:

183 DRIFTWOOD DRIVE
WEST ISLIP, NY 11795

New Principal Place of Business:

333 EARLE OVINGTON BLVD
SUITE 210
UNIONDALE, NY 11553

Current Mailing Address:

183 DRIFTWOOD DRIVE
WEST ISLIP, NY 11795

New Mailing Address:

333 EARLE OVINGTON BLVD
SUITE 210
UNIONDALE, NY 11553

FEI Number: 20-4706364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GEDNEY, JOHN
Address: 183 DRIFTWOOD DRIVE
City-St-Zip: WEST ISLIP, NY 11795

Title: VP () Delete
Name: COHEN, ALAN
Address: 333 EARLE OVINGTON BLVD, STE 210
City-St-Zip: UNIONDALE, NY 11553

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOLAND, KEVIN
Address: 333 EARLE OVINGTON BLVD, STE 210
City-St-Zip: UNIONDALE, NY 11553

Title: VP (X) Change () Addition
Name: RUSSO, PAUL
Address: 333 EARLE OVINGTON BLVD, STE 210
City-St-Zip: UNIONDALE, NY 11553

Title: SECY () Change (X) Addition
Name: ADAMS, MARK
Address: 333 EARLE OVINGTON BLVD., STE 210
City-St-Zip: UNIONDALE, NY 11553

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL RUSSO

VP

01/14/2008

Electronic Signature of Signing Officer or Director

Date