

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H22188

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: JEFF'S HEALTH INSURANCE, INC.

**Current Principal Place of Business:**

902 CLINT MOORE RD. # 132  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 811177  
BOCA RATON, FL 33481

**New Mailing Address:**

FEI Number: 59-2453762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONINA, JEFFREY  
902 CLINT MOORE RD. # 132  
BOCA RATON, FL 33431 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: BONINA, JEFFREY  
Address: 902 CLINT MOORE RD. # 132  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFFREY E. BONINA

P

01/09/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date