

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H69179

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SERVICE INSURANCE FOR LIFE AND HEALTH, INC.

**Current Principal Place of Business:**

851 SE 41ST STREET  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

1709 SE 40TH STREET  
CAPE CORAL, FL 33904

**Current Mailing Address:**

851 SE 41ST STREET  
CAPE CORAL, FL 33904

**New Mailing Address:**

1709 SE 40TH STREET  
CAPE CORAL, FL 33904

**FEI Number:** 59-2572348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROOSA, RICHARD V.S.  
1714 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: BRICKNER, NANCY A  
Address: 1709 SE 40TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

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: NANCY A. BRICKNER

PST

04/26/2011

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

\_\_\_\_\_  
Date