

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90085 001 ***150.00

DOCUMENT # K28638

1. Entity Name

CONSOLIDATED HEALTH INSURERS INC.



Principal Place of Business

23123 STATE RD. 7
STE. 300F
BOCA RATON FL 33428

Mailing Address

23123 STATE RD. 7
STE. 300F
BOCA RATON FL 33428

2. Principal Place of Business

6320 Boca Del Mar Drive

Suite, Apt. #, etc.

506

City & State

Boca Raton, Florida

Zip

33433

Country

Palm Beach

3. Mailing Address

6320 Boca Del Mar Drive

Suite, Apt. #, etc.

506

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

6. Name and Address of Current Registered Agent

GLICKMAN, JACQUELINE
23123 STATE RD. 7
STE. 300F
BOCA RATON FL 33428

Name

FOR DEPOSIT ONLY

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Harold M. Glickman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GLICKMAN, HAROLD
STREET ADDRESS 6320 BOCA DEL MAR DR 506
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ Delete
NAME GLICKMAN, JACQUELINE
STREET ADDRESS 6320 BOCA DEL MAR DR 506
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Harold M. Glickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

561-368-3417

Daytime Phone #