


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

2. Principal Place of Business 3. Mailing Address
6320 Boca Del Mar Drive **6320 Boca Del Mar Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
506 **506**

City & State City & State
Boca Raton, Florida **Boca Raton, Fl.**

Zip Country Zip Country
33433 **Palm Beach** **33433** **Palm Beach**

6. Name and Address of Current Registered Agent
GLICKMAN, JACQUELINE
23123 STATE RD. 7
STE. 300F
BOCA RATON FL 33428

24004250

 MOORE CR2E034 (11/03)

4. FEI Number **65-0065708** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DEPARTMENT OF REVENUE
FOR DEPOSIT ONLY
1009068796
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, HAROLD	NAME	
STREET ADDRESS	6320 BOCA DEL MAR DR 506	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, JACQUELINE	NAME	
STREET ADDRESS	6320 BOCA DEL MAR DR 506	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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* **1-22-04** **561-368-3417**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #