

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K28638 1. Entity Name CONSOLIDATED HEALTH INSURERS INC.					
Principal Place of Business 6320 BOCA DEL MAR DRIVE 506 BOCA RATON FL 33433			Mailing Address 6320 BOCA DEL MAR DRIVE 506 BOCA RATON FL 33433		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0065708	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GLICKMAN, JACQUELINE 23123 STATE RD. 7 STE. 300F BOCA RATON FL 33428				7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when restoring) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GLICKMAN, HAROLD 6320 BOCA DEL MAR DR 506 BOCA RATON FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add UN00000406756 02/07/06-80102-021 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GLICKMAN, JACQUELINE 6320 BOCA DEL MAR DR 506 BOCA RATON FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, or all other like empowered.					
SIGNATURE: <i>Harold M. Glickman</i> Harold M. Glickman 01-25-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

561-368-
3417