2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # K28638

1. Entity Name
CONSOLIDATED HEALTH INSURERS INC.

Principal Place of Business	Mailing Address
6320 BOCA DEL MAR DRIVE 506 BOCA RATON FL 33433	6320 BOCA DEL MAR DRIVE 506 BOCA RATON FL 33433

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/06)

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLICKMAN, JACQUELINE 23123 STATE RD. 7 STE. 300F BOCA RATON FL 33428	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 accep the obligations of registered agent.

SIGNATURE Harold Glickman HAROLD M. GLICKMAN 01-19-07
Signature, typed & 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, 2007 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 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 U00000609647 02/01/07-80059-003 150.00
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, with all other like empowered.

SIGNATURE: Harold Glickman HAROLD M. GLICKMAN 01-19-07 561-391-5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #