2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28638

ON ANNUAL REPORT FILED
Sep 02, 2009
Secretary of State

Entity Name: CONSOLIDATED HEALTH INSURERS INC.

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6320 BOCA DEL MAR DRIVE					
506 BOCA RAT	ΓΟΝ, FL 3343	33			
Current M	ailing Addre	ss:	New Mailing Address	::	
6320 BOCA DEL MAR DRIVE					
506 BOCA RAT	ΓΟΝ, FL 3343	33			
FEI Number:	65-0065708	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
	of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GLICKMAN, HA	EL MAR DR 506	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GLICKMAN, ĴA	EL MAR DR 506	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAROLD GLICKMAN VP 09/02/2009