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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K87255 1. Entity Name NETWORK INSURANCE SENIOR HEALTH DIVISION, INC.					
Principal Place of Business 687 ALDERMAN ROAD, #303 PALM HARBOR, FL 34683 US			Mailing Address 3440 LEHIGH STREET ALLENTOWN, PA 18103		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent PATRICK, WANITA S 687 ALDERMAN ROAD, #303 PALM HARBOR, FL 34683				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State				300022883943 09/09/03 - 01060 - 010 ***550.00 9. Election of Campaign Financing Trust Fund Contribution ☐ \$8.00 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	PDC LEVIT, IRVING 3440 LEHIGH STREET ALLENTOWN, PA 18103	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hunt, William W. Jr. 3440 Lehigh Street Allentown, PA 18103	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CARDEN, A.J. 3440 LEHIGH STREET ALLENTOWN, PA 18103	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Patrick, Tom 687 Alderman Road #303 Palm Harbor, FL 34683	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAITE, CAMERON B 3440 LEHIGH STREET ALLENTOWN, PA 18103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patterson, Patrick D. 3440 Lehigh Street Allentown, PA 18103	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRILL, MICHAEL F 3440 LEHIGH STREET ALLENTOWN, PA 18103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATRICK, TOM 687 ALDERMAN ROAD, #303 PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATRICK, WANITA S 687 ALDERMAN ROAD, #303 PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 all other like empowered.					
SIGNATURE: <i>Michael F. Grill</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Michael F. Grill, 9/8/2003 610-965-2222 Director DAYTIME PHONE #		

jh 9/10