

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000066011

FILED
Feb 27, 2011
Secretary of State

Entity Name: FLORIDA HEALTH INSURANCE CENTER LLC

Current Principal Place of Business:

375 DOUGLAS AVENUE
2010
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

375 DOUGLAS AVENUE
2004
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

375 DOUGLAS AVENUE
2010
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

375 DOUGLAS AVENUE
2004
ALTAMONTE SPRINGS, FL 32714

FEI Number: 27-2919881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEES, WILLIAM T
986 INNSWOOD CT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DEES, WILLIAM T
Address: 986 INNSWOOD CT
City-St-Zip: LONGWOOD, FL 32779

Title: MGR
Name: DANTON, DONALD W
Address: 1398 LA COSTA VILLAGE BLVD
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM DEES

MGR

02/27/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date