

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000066011

FILED
Apr 17, 2012
Secretary of State

Entity Name: FLORIDA HEALTH INSURANCE CENTER LLC

Current Principal Place of Business:

375 DOUGLAS AVENUE
2004
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1398 LA COSTA VILLAGE BLVD
PORT ORANGE, FL 32129

Current Mailing Address:

375 DOUGLAS AVENUE
2004
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1398 LA COSTA VILLAGE BLVD
PORT ORANGE, FL 32129

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:

DANTON, DONALD T
1398 LA COSTA VILLAGE BLVD
PORT ORANGE, FL 32129 US

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: DONALD DANTON

04/17/2012

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: DONALD DANTON

MGR

04/17/2012

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