2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# N00000000704

Entity Name: CAPITAL AREA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Current Principal Place of Business:

3131 LONBLADH RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3131 LONBLADH RD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3484664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERNDON, JULIA
3375 B CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: P
Name: HICKS, MARK
Address: 1650 SUMMIT LAKE DR, STE 100
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP
Name: TRETTER, TAMARA
Address: 3606 MACLAY BLVD. SOUTH
City-St-Zip: TALLAHASSEE, FL 32312

Title: T
Name: HERNDON, JULIA
Address: 3375 SUITE B CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIA HERNDON T 01/09/2012

Electronic Signature of Signing Officer or Director — Date