

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003751

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** FORUM FOR THE ADVANCEMENT OF INDIVIDUAL MEDICAL INSURANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

3000 NW 101ST LANE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3000 NW 101ST LANE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 27-5065780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OATES, THOMAS D  
1500 E. ATLANTIC BLVD.  
SUITE B  
POMPANO BEACH, FL 33060 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:** CLATSOFF, W. ADAM  
**Address:** 3000 NW 1ST LANE  
**City-St-Zip:** CORAL SPRINGS, FL 33065

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:** W. ADAM CLATSOFF

**PRES**

**02/20/2012**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date