FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:15

DOCUMENT # N40911 (2)

1. Corporation Name

CENTRAL FLORIDA ASSOCIATION OF HEALTH UNDERWRITE RS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 160790 ALTAMONTE SPRINGS FL 32716-0790	P.O. BOX 160790 ALTAMONTE SPRINGS FL 32716-0790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1990
3a. Date of Last Report: 02/08/1994
4. FEI Number: NOT APPLICABLE — [ ] Applied For [X] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, KIRK A 1241 BLUEBERRY CT ALTAMONTE SPRINGS FL 32714	81 Name: Kimberlee J. Morris 82 Street Address (P.O. Box Number is Not Acceptable): 305 Douglas Ave. 83 Altamonte Springs, FL 32714 84 City: FL — 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kimberlee J. Morris — KIMBERLEE J. MORRIS, SECRETARY — 5/1/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PD	[X] Change [ ] Addition
NAME	LA MONDA, KEITH	1.2 NAME	BATEMAN, JERRY E.	
STREET ADDRESS	1850 LEE RD, SUITE 210	1.3 STREET ADDRESS	2250 LUCIEN WAY, STE. 100	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	V	2.1 TITLE	VD	[X] Change [ ] Addition
NAME	KIME, HAROLD SR	2.2 NAME	SHERRILL, BOB	
STREET ADDRESS	3319 MAGUIRE BLVD. #135	2.3 STREET ADDRESS	427 WHOOPING LOOP. STE. 1841	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	VP	3.1 TITLE	VP D	[X] Change [ ] Addition
NAME	BATEMAN, JERRY	3.2 NAME	COGGINS, BARBARA	
STREET ADDRESS	2250 LVCIENE WAY, SUITE 100	3.3 STREET ADDRESS	1265 S. SEMORAN BLVD., STE. 1213	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	WINTER PARK, FL 32792.	
TITLE	T	4.1 TITLE	T	[X] Change [ ] Addition
NAME	THOMPSON, KIRK A	4.2 NAME	I	
STREET ADDRESS	1241 BLUEBERRY CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	S	[X] Change [ ] Addition
NAME	LOCKWOOD, KATHY	5.2 NAME	MORRIS, KIMBERLEE J.	
STREET ADDRESS	1040 WOODCOCK RD SUITE 260	5.3 STREET ADDRESS	305 DOUGLAS AVE.	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kimberlee J. Morris — KIMBERLEE J. MORRIS — 5/1/95 — 407-862-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031048