FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N94000004815

1. Corporation Name
FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

600001868606
-06/20/96--01017--005
***61.25

Principal Place of Business <-- SAME --> Mailing Address
5255 N. FEDERAL HWY
2ND FLOOR
BOCA RATON, FL 33487

2. Principal Place of Business	2a. Mailing Address
21 5255 N. FEDERAL HWY	26 5255 N. FEDERAL HWY
Suite, Apt. #, etc. 22 2ND FLOOR	Suite, Apt. #, etc. 27 2ND FLOOR
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33487 Country 25 Palm Beach	Zip 29 33487 Country 30 Palm Beach

3. Date Incorporated or Qualified: 9-26-91
3a. Date of Last Report: 4-1-95
4. FEI Number: 65-0605904 ☐ Applied For ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent
JOHN W. FRASER
5999 Central Ave # 400
St. Petersburg, FL 33710

10. Name and Address of New Registered Agent
81 Name: Elynn G. Hoffer
82 Street Address (P.O. Box Number is Not Acceptable): 5255 N. Federal Hwy
83: 2nd Floor
84 City: Boca Raton FL 85 Zip Code: 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Elynn G. Hoffer — 5-15-96
Signature, typed or printed name of registered Agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT (1994) "D"	☒ DELETE	1.1 TITLE "D"	PAST PRESIDENT (95)	☒ Change ☐ Addition
NAME	JOHN FRASER		1.2 NAME	William Grossman	
STREET ADDRESS	5999 Central Ave. # 400		1.3 STREET ADDRESS	P.O. Box 834000 7990 SW 117th Ave.,	
CITY-ST-ZIP	St. Petersburg, FL 33710		1.4 CITY-ST-ZIP	Miami, FL ~~33283-4000~~ 33183,	
TITLE	TREASURER "D"	☒ DELETE	2.1 TITLE "D"	Raymond Lipsch - President 1996	☒ Change ☐ Addition
NAME	James F Stevens		2.2 NAME		
STREET ADDRESS	24761 US 19 North, # 660		2.3 STREET ADDRESS	1400 8th Ave. Dr. West	
CITY-ST-ZIP	Clearwater, FL 34623		2.4 CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	~~1st Vice President~~ Director	☒ DELETE	3.1 TITLE "D"	TREASURER	☒ Change ☐ Addition
NAME	DAVID SACHMAN		3.2 NAME	ELYNN HOFFER	
STREET ADDRESS	12062 SW 117th Ct. # 102		3.3 STREET ADDRESS	5255 N. FEDERAL HWY 2nd FLOOR	
CITY-ST-ZIP	Miami FL 33186		3.4 CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	Director - Legislation "D"	☒ DELETE	4.1 TITLE "D"	1st Vice President	☒ Change ☐ Addition
NAME	Gail Choate		4.2 NAME	Scott Robertson	
STREET ADDRESS	1500 NW 49th St. # 462		4.3 STREET ADDRESS	~~PO Box 06203~~ 2691 Centerpoint Dr suite 207	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309		4.4 CITY-ST-ZIP	FT Myers, FL 33906	
TITLE		☐ DELETE	5.1 TITLE "D"	BOARD OF DIRECTORS	☒ Change ☐ Addition
NAME			5.2 NAME	James Stevens	
STREET ADDRESS			5.3 STREET ADDRESS	24761 US 19 North, # 660	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Clearwater, FL 34623	
TITLE		☐ DELETE	6.1 TITLE "D"	2nd Vice-President	☒ Change ☐ Addition
NAME			6.2 NAME	Barbara Linder	
STREET ADDRESS			6.3 STREET ADDRESS	5364 Ehrich Rd #34	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33625	

C/19

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)(k), 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: Elynn Hoffer - TREASURER — 5-15-96 — 407-994-0580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)