1/19/00-90260-018-$61.25-$61.25

DOCUMENT # N94000004815

1. Entity Name

FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State
01-19-2000 90260 018 ****61.25

Principal Place of Business	Mailing Address
400 E HWY 436 STE 208 CASSRLBERRY FL 32707	400 E HWY 436 STE 208 CASSRLBERRY FL 32707-4975

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0605904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COGGINS, BARBARA
400 E HWY 436 208
CASSLEBERRY FL 32707

7. Name and Address of New Registered Agent

Name: Barbara White

Street Address (P.O. Box Number is Not Acceptable): 6374 Burlington Ave North

City: St Petersburg FL Zip Code: 33710

8. 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: Barbara A. White Barbara A. White 1/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COGGINS, BARBARA 400 E NW 6 DR BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Elect Coggins Barbara 408 E Hwy 436 #208 Casselberry FL 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERTSON, SCOTT 2891 CENTER POINT DR FT MYERS FL 33406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carbone, Elynn 798 NW 6th Drive Boca Raton FL 33486	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HOFFER, ELYNN 798 NW 6 DR BOCA RATON FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Secretary Paul Deininger PO Box 548 Melbourne FL 32902	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CURRIE, ANN 3405 WINKLER AVE, #207 FT MYERS FL 33916	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer White, Barbara 6374 Burlington Ave North St Petersburg FL 33710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara A. White / Barbara A. White 1/11/00 813/288-6384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #