2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90567 035 ****61.25

DOCUMENT # N94000004815

1. Entity Name

FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8105 SW 158 Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33193 Country: Miami Dade	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	7. Name and Address of New Registered Agent
DEININGER, PAUL 1301 WEST EAU GALLIE BLVD 98 MELBOURNE FL 32935	Name: Ellen Raskin Street Address (P.O. Box Number is Not Acceptable): 8105 SW 158 Place City: Miami FL Zip Code: 33193

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: Ellen Raskin Ellen Raskin EE — 4/28/02 — 4/8/2002 EE

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	DP COGGINS, BARBARA 400 E HWY 436 #208 CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Saltzman, David 7990 SW117th Ave Miami, FL 33183-3845	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALTZMAN, DAVID P OB OX 839000 MIAMI FL 33283	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DEININGER, PAUL P O BOX 372696 SATELLITE BEACH FL 32937	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Ellen Raskin 8105 SW 158 Place Miami, FL 33193	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WHITE, BARBARA 6374 BURLINGTON AVE NORTH SAINT PETERSBURG FL 33710	☐ 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	DVP Dan Yount 7680 Universal Blvd, Ste 460 Orlando, FL 32819-8970	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Ellen Raskin REQUIRED — 4/23/2002 — 305.382.4911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #