2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004815

FILED May 01, 2004 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

New Principal Place of Business: Current Principal Place of Business:

8105 SW158 PLACE MIAMI, FL 33193

Current Mailing Address: New Mailing Address:

8105 SW 158 PLACE MIAMI, FL 33193

FEI Number: 65-0605904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RASKIN, ELLEN 8105 SW 158 PLACE MIAMI, FL 33193

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete YOUNT, DANIEL SHERRILL, DAVID Name: Name:

7680 UNIVERSAL DRIVE Address: 427 CENTER POINTE CIRCLE, STE 1841 Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: DT () Delete Title: () Change () Addition

RASKIN, ELLEN Name: Name: Address: 8105 SW 158 PLACE Address: City-St-Zip: MIAMI, FL 33193 US City-St-Zip:

Title: DS () Delete Title: DS (X) Change () Addition

WHITE, BARBARA WHITE, BARBARA Name: Name: 6374 BURLINGTON AVE NORTH Address: Address: 619 65TH STREET SOUTH

City-St-Zip: SAINT PETERSBURG, FL 33710 US City-St-Zip: SAINT PETERSBURG, FL 33707 US

Title: DPF () Delete Title: DPE (X) Change () Addition

Name: SHERRILL, DAVID Name: SFORZA, JOHN 427 CENTER POINTE CIRCLE, STE 1841 Address: Address: P.O. BOX 560129 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: MIAMI, FL 33256 US

Title: DVP () Delete Title: (X) Change () Addition

SFORZA, JOHN DEININGER, PAUL Name: Name: 15321 S DIXIE HWY, STE 311 P.O. BOX 327696 Address: Address:

City-St-Zip: MIAMI, FL 33157 US City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: () Delete Title: (X) Change () Addition YOUNT, DANIEL SALTZMAN DAVID Name: Name:

Address: 7990 SW 117TH AVENUE, STE 200 Address: 7680 UNIVERSAL BLVD., SUITE 460

MIAMI, FL 33183 US City-St-Zip: ORLANDO, FL 32819 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELLEN RASKIN DT 05/01/2004