2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000004815

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

FILED Jan 22, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8105 SWISS PLACE 8105 SW158 PLACE MIAMI, FL 33193 MIAMI, FL 33193 **Current Mailing Address: New Mailing Address:** 400 E HWY 436 STE 208 8105 SW 158 PLACE CASSRLBERRY, FL 32707 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: ROOKIN, ELLEN RASKIN, ELLEN 8105 SWISS PLACE 8105 SW 158 PLACE MIAMI, FL 33193 MIAMI, FL 33193 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 01/22/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SALTZMAN, DAVID YOUNT, DANIEL Name: Name: 7990 SW 117 AVENUE Address: 7680 UNIVERSAL DRIVE Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: ORLANDO, FL 32819 US Title: DT () Delete Title: (X) Change () Addition RASKIN, ELLEN Name: RASKIN, ELLEN Name: Address: 8105 SW 158 PLACE Address: 8105 SW 158 PLACE City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI, FL 33193 US Title: DS () Delete Title: DS (X) Change () Addition WHITE, BARBARA WHITE, BARBARA Name: Name: 6374 BURLINGTON AVE NORTH Address: Address: 6374 BURLINGTON AVE NORTH City-St-Zip: SAINT PETERSBURG, FL 33710 City-St-Zip: SAINT PETERSBURG, FL 33710 US Title: DVP () Delete Title: DPF (X) Change () Addition Name: YOUNT, DON Name: SHERRILL, DAVID 7680 UNIVERSAL BLVD. - SUITE 460 427 CENTER POINTE CIRCLE, STE 1841 Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: ELLEN RASKIN DT 01/22/2003

() Delete

() Delete

() Change (X) Addition

() Change (X) Addition

SFORZA, JOHN

MIAMI, FL 33157 US

SALTZMAN, DAVID

MIAMI, FL 33183 US

15321 S DIXIE HWY, STE 311

7990 SW 117TH AVENUE, STE 200