


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

04-30-2007 90842 002 ***150.00

DOCUMENT # P00000035187					
1. Entity Name FLORIDA SENIOR HEALTH INSURANCE AGENCY, INC.					
Principal Place of Business 1641 N.W. 110TH TERRACE PEMBROKE PINES, FL 33026			Mailing Address 1641 N.W. 110TH TERRACE PEMBROKE PINES, FL 33026		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0997723	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOOMAR, L. GREGORY ESQ. 1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name <u>Stephen Margulis, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>841 S.W. 72 Avenue</u> City <u>Plantation</u> FL Zip Code <u>33317</u>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> DATE <u>5/21/07</u> <u>841 S.W. 72 AVE</u> <u>PO BOX 16282 PLANTATION FL 33317</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIRELLO, CHRISTINE M 1641 N.W. 110TH TERRACE PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: <u>Christine Girello</u> / <u>Christine Girello</u> 4/26/07 954-431-4150 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					