

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026693

FILED
Apr 25, 2011
Secretary of State

Entity Name: AFFILIATED HEALTH INSURERS OF FLORIDA, INC.

Current Principal Place of Business:

24 N BLACK WILLOW COURT
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

24 N BLACK WILLOW COURT
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 59-3712083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, DAVID
24 N BLACK WILLOW COURT
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

OLIVER, DAVID R
24 N BLACK WILLOW COURT
HOMOSASSA, FL 34446 US

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: DAVID R. OLIVER

04/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: OLIVER, DAVID R
Address: 24 N BLACK WILLOW COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: VPS
Name: OLIVER, CHRISTINA J
Address: 24 N BLACK WILLOW COURT
City-St-Zip: HOMOSASSA, FL 34446

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID R. OLIVER

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date