


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000054666 1. Entity Name HEALTH INSURANCE SERVICES OF S.W. FLORIDA, INC.	
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Principal Place of Business
1213 S.W. 27TH STREET
CAPE CORAL, FL 33914 US

Mailing Address
1213 S.W. 27TH STREET
CAPE CORAL, FL 33914 US



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0711964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENSTEIN, BRUCE C
1213 S.W. 27TH STREET
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GREENSTEIN, BRUCE C 1213 S.W. 27TH STREET CAPE CORAL, FL 33914
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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 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  BRUCE C. GREENSTEIN, PRES. 01/27/05 (239) 691-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #