

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000055515

FILED
Jan 16, 2003
Secretary of State

Entity Name: HEALTH INSURANCE NETWORK, INC.

Current Principal Place of Business:

2385 EXECUTIVE CENTER DRIVE
#100
BOCA RATON, FL 33431

Current Mailing Address:

POST OFFICE BOX 740647
BOYNTON BEACH, FL 334740647

New Principal Place of Business:

4360 NORTHLAKE BLVD.
SUITE 212
PALM BEACH GARDENS, FL 334106264 US

New Mailing Address:

4360 NORTHLAKE BLVD.
SUITE 212
PALM BEACH GARDENS, FL 33410 US

FEI Number: 03-0449650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, PA
1840 SW 22ND STREET
4TH FLOOR
MIAMI, FL 33145 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: CARL B. KORNBLUM, CSA

01/16/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KORNBLUM, CARL B
Address: 2385 EXECUTIVE CENTER DRIVE #100
City-St-Zip: BOCA RATON, FL 33431

Title: SVD () Delete
Name: KORNBLUM, ALYSE
Address: 2385 EXECUTIVE CENTER DRIVE #100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: KORNBLUM, CARL B
Address: 4360 NORTHLAKE BLVD. - SUITE 212
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: SVD (X) Change () Addition
Name: KORNBLUM, ALYSE
Address: 4360 NORTHLAKE BLVD. - SUITE 212
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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

SIGNATURE: CARL B. KORNBLUM

PRES

01/16/2003

Electronic Signature of Signing Officer or Director

Date