

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102695

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: FLORIDA HEALTH INSURANCE NETWORK, INC.

## Current Principal Place of Business:

902 CLINT MOORE ROAD SUITE 200  
BOCA RATON, FL 33487

## New Principal Place of Business:

902 CLINT MOORE ROAD SUITE 206  
BOCA RATON, FL 33487

## Current Mailing Address:

902 CLINT MOORE ROAD SUITE 200  
BOCA RATON, FL 33487

## New Mailing Address:

902 CLINT MOORE ROAD SUITE 206  
BOCA RATON, FL 33487

FEI Number: 56-2296039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVI, BARUCH  
902 CLINT MOORE RD 200  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

LEVI, BARUCH  
902 CLINT MOORE RD 206  
BOCA RATON, FL 33487 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: BARUCH LEVI

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LELLA, NICHOLAS  
Address: 902 CLINT MOORE ROAD SUITE 200  
City-St-Zip: BOCA RATON, FL 33487

Title: P ( ) Delete  
Name: LEVI, BARUCH  
Address: 902 CLINT MOORE RD 200  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BARUCH LEVI

PRES

01/13/2006

Electronic Signature of Signing Officer or Director

Date