

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000102695**

1. Entity Name
FLORIDA HEALTH INSURANCE NETWORK, INC.



Principal Place of Business
**902 CLINT MOORE ROAD SUITE 200
BOCA RATON FL 33487**

Mailing Address

**902 CLINT MOORE ROAD SUITE 200
BOCA RATON FL 33487**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **Country**

Zip **Country**

4. FEI Number

56-2296039

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, MARK B
2700 N MILITARY TRAIL SUITE 130
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Nicholas Lella**

Street Address (P.O. Box Number is Not Acceptable)

902 clint. moore rd #200

City **Boca-Raton**

FL Zip Code **33487**

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

Director

2-27-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LELLA, NICHOLAS 902 CLINT MOORE ROAD SUITE 200 BOCA RATON FL 33487	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-03

56-2296039

Date

Daytime Phone #

CR2E034 (10/02)