2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# P03000043996

Entity Name: FAMILY HEALTH INSURANCE SERVICES, CORP.

Current Principal Place of Business:

6510- 1ST AVE. SOUTH
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

6510- 1ST AVE. SOUTH
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 14-1879512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'ANGELO, BARBARA
6510- 1ST AVE. SOUTH
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: D'ANGELO, BARBARA
Address: 6510- 1ST AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA ( ) Change (X) Addition
Name: D'ANGELO, JOHN J
Address: 6510 1ST AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707 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: BARBARA D'ANGELO PD 05/31/2005

Electronic Signature of Signing Officer or Director — Date