# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2006**
**Secretary of State**

DOCUMENT# P05000016018

**Entity Name:** ACCURATE HEALTH INSURANCE INC.

**Current Principal Place of Business:**

10229 QUAILS LANDING AVE.
TAMPA, FL 33647 US

**New Principal Place of Business:**

6244 HUNTINGTON DRIVE
ZEPHYRHILLS, FL 33542 US

**Current Mailing Address:**

10229 QUAILS LANDING AVE.
TAMPA, FL 33647 US

**New Mailing Address:**

6244 HUNTINGTON DRIVE
ZEPHYRHILLS, FL 33542 US

**FEI Number: 13-4292908** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOTSIS, KONSTANTINOS A
6244 HUNTINGTON DRIVE
ZEPHYRHILLS, FL 33542 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GOTSIS, KONSTANTINOS A
Address: 6244 HUNTINGTON DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP ( ) Delete
Name: LEONE, ROBERT V
Address: 10229 QUAILS LANDING AVE.
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete
Name: LEONE, MICHELE M
Address: 10229 QUAILS LANDING AVE.
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: KONSTANTINOS GOTSIS P 04/18/2006

Electronic Signature of Signing Officer or Director — Date