

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007513

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: HEALTH INSURANCE INFORMATION CENTER, INC.

**Current Principal Place of Business:**

3825 NW 210TH STREET  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

3825 NW 210TH STREET  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

PO BOX 1595  
VILLA, GA 30180

FEI Number: 20-4162398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUFFINGTON, JOHN  
3825 NW 210TH STREET  
MIAMI GARDENS, FL 33055 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: PD ( ) Delete  
Name: BUFFINGTON, JOHN  
Address: 3825 NW 210TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: STD ( ) Delete  
Name: BUFFINGTON, LAURA  
Address: 3825 NW 210TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

**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: JOHN BUFFINGTON

PD

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date