

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041701

FILED  
May 02, 2010  
Secretary of State

Entity Name: FLORIDA HEALTH INSURANCE, INC.

## Current Principal Place of Business:

12931 RIVERMIST WAY  
JAKSONVILLE, FL 32224

## New Principal Place of Business:

1697 AUSTIN LANE  
ST AUGUSTINE, FL 32092

## Current Mailing Address:

12931 RIVERMIST WAY  
JAKSONVILLE, FL 32224

## New Mailing Address:

1697 AUSTIN LANE  
ST AUGUSTINE, FL 32092

FEI Number: 20-8794014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMANOFF, LEE  
12931 RIVERMIST WAY  
JAKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

SIMANOFF, LEE  
1697 AUSTIN LANE  
ST. AUGUSINTE, FL 32092 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: LEE SIMANOFF

05/02/2010

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: PSD  
Name: SIMANOFF, LEE PDS  
Address: 1697 AUSTIN LANE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VT  
Name: SIMANOFF, LEE VT  
Address: 1697 AUSTIN LANE  
City-St-Zip: ST AUGUSINTE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: LEE SIMANOFF

PDS

05/02/2010

Electronic Signature of Signing Officer or Director

Date