

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 10, 2010
Secretary of State**

DOCUMENT# P07000047333

Entity Name: EAST COAST HEALTH INSURANCE, INC.

Current Principal Place of Business:

3275 W. HILLSBORO BLVD.
#309
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

3275 W. HILLSBORO BLVD.
#309
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-8846939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHRENTHAL, CAROLINE
3275 W. HILLSBORO BLVD.
#309
DEERFIELD BEACH, FL 33442 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

OFFICERS AND DIRECTORS:

Title: PTD
Name: EHRENTHAL, CAROLINE
Address: 3275 W. HILLSBORO BLVD. #309
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPSD
Name: EHRENTHAL, JEREMY D
Address: 3275 W. HILLSBORO BLVD. #309
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CFO
Name: SAWICKI, JOSHUA
Address: 3275 W. HILLSOBRO BLVD. #309
City-St-Zip: DEERFIELD BEACH, FL 33442

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: CAROLINE EHRENTHAL

PTD

09/10/2010

Electronic Signature of Signing Officer or Director

Date