

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047333

FILED  
Jan 06, 2012  
Secretary of State

**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: 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

PRES

01/06/2012

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

\_\_\_\_\_ Date