

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052160

FILED
Apr 29, 2009
Secretary of State

Entity Name: AFFILIATED HEALTH INSURERS OF AMERICA, INC.

Current Principal Place of Business:

111 WEST MAIN STREET
301
INVERNESS, FL 34450

New Principal Place of Business:

113 WEST MAIN STREET
INVERNESS, FL 34450

Current Mailing Address:

111 WEST MAIN STREET
INVERNESS, FL 34450

New Mailing Address:

113 WEST MAIN STREET
INVERNESS, FL 34450

FEI Number: 26-0223602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, DAVID R
111 WEST MAIN STREET
301
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

OLIVER, DAVID R
113 WEST MAIN STREET
INVERNESS, FL 34450 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: DAVID R. OLIVER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANTIN, ANTHONY M
Address: 111 WEST MAIN STREET
City-St-Zip: INVERNESS, FL 34450

Title: VT () Delete
Name: LEMAR, MICHAEL
Address: 111 WEST MAIN STREET
City-St-Zip: INVERNESS, FL 34450

Title: VS () Delete
Name: OLIVER, DAVID R
Address: 111 WEST MAIN STREET
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANTIN, ANTHONY M
Address: 113 WEST MAIN STREET
City-St-Zip: INVERNESS, FL 34450

Title: VT (X) Change () Addition
Name: LEMAR, MICHAEL
Address: 113 WEST MAIN STREET
City-St-Zip: INVERNESS, FL 34450

Title: VS (X) Change () Addition
Name: OLIVER, DAVID R
Address: 113 WEST MAIN STREET
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information supplied with this filing does not qualify 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: DAVID R. OLIVER

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date