2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2010
Secretary of State

DOCUMENT# P07000052160

Entity Name: AFFILIATED HEALTH INSURERS OF AMERICA, INC.

Current Principal Place of Business:

113 WEST MAIN STREET
INVERNESS, FL 34450

New Principal Place of Business:

455 DOUGLAS AVE
2155-9
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

113 WEST MAIN STREET
INVERNESS, FL 34450

New Mailing Address:

455 DOUGLAS AVE
2155-9
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-0223602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OLIVER, DAVID R
113 WEST MAIN STREET
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

ANTIN, ANTHONY M
455 DOUGLAS AVE
2155-9
ALTAMONTE SPRINGS, FL 32714 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: ANTHONY M ANTIN 08/03/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: ANTIN, ANTHONY M
Address: 455 DOUGLAS AVE #2155-9
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VT
Name: ANTIN, ANTHONY M
Address: 455 DOUGLAS AVE #2155-9
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VS
Name: ANTIN, ANTHONY M
Address: 455 DOUGLAS AVE #2155-9
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ANTHONY M ANTIN P 08/03/2010
Electronic Signature of Signing Officer or Director Date