

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047145

FILED
Jan 12, 2012
Secretary of State

Entity Name: MCCOY HEALTH INSURANCE, INC.

Current Principal Place of Business:

440 NW 15TH AVE
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

440 NW 15TH AVE
JASPER, FL 32052

New Mailing Address:

FEI Number: 26-2581518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCOY, GARY R
9905 NW 18TH DR
JASPER, FL 32052 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: P
Name: MCCOY, GARY R
Address: 9905 NW 18TH DR
City-St-Zip: JASPER, FL 32052

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: GARY R. MCCOY

OWNE

01/12/2012

Electronic Signature of Signing Officer or Director

Date