

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048534

FILED
May 15, 2009
Secretary of State

Entity Name: HEALTH INSURANCE BRIDGE, INC.

Current Principal Place of Business:

7867 SW 89TH LANE
MIAMI, FL 33156

New Principal Place of Business:

2100 PONCE DE LEON BLVD.
STE. 600
CORAL GABLES, FL 33134

Current Mailing Address:

7867 SW 89TH LANE
MIAMI, FL 33156

New Mailing Address:

FEI Number: 26-2631190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, CRAIG
9830 SW 77TH AVE,
STE. 125
MIAMI, FL 33156 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KING-BURKE, JEANNETTE
Address: 7867 SW 89TH LANE
City-St-Zip: MIAMI, FL 33156

Title: P (X) Delete
Name: KING, JOHN R
Address: 7867 SW 89TH LANE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KING, JOHN R
Address: 7867 SW 89TH LANE
City-St-Zip: MIAMI, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN KING

P

05/15/2009

Electronic Signature of Signing Officer or Director

Date