2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2012
Secretary of State

DOCUMENT# P09000044144

Entity Name: A.G. FAMILY INSURANCE, INC.

Current Principal Place of Business:

9420 FOUNTAIN MEDICAL CT.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9420 FOUNTAIN MEDICAL CT.
STE 101
BONITA SPRINGS, FL 34135

Current Mailing Address:

4712 PEMBROOKE LANE
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 27-0213694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RACIOPPI, GINA M
4712 PEMBROOKE LANE
BONITA SPRINGS, FL 34134 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: RACIOPPI, GINA M
Address: 4712 PEMBROOKE LANE
City-St-Zip: BONITA SPRINGS, FL 34134

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: GINA M RACIOPPI PRES 04/14/2012

Electronic Signature of Signing Officer or Director — Date