

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000021152

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** FIRST CHOICE INSURANCE INTERMEDIARIES, INC.

**Current Principal Place of Business:**

814 A1A NORTH, STE 302  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

814 A1A NORTH, STE 302  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

**FEI Number:** 27-2094276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOLPE, TIMOTHY W ESQ  
501 RIVERSIDE AVE  
7TH FLOOR  
JACKSONVILLE, FL 32202 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:** DP  
**Name:** IACOVELLI, LOUIS F  
**Address:** 83 ALGONQUIN TRAIL  
**City-St-Zip:** MEDFORD LAKES, NJ 08055

**Title:** DS  
**Name:** HOWSON, BRUCE K  
**Address:** 109 MARSH REED LANE  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** DT  
**Name:** BREEN, H. TIMOTHY  
**Address:** 36 HILLCREST PARK RD.  
**City-St-Zip:** OLD GREENWICH, CT 06870

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:** BRUCE K. HOWSON

D

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date