

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000025330

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTH INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

9990 COCONUT RD STE 310  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

9990 COCONUT RD STE 310  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: D  
Name: TOLLETTE, CHRISTOPHER T  
Address: 9990 COCONUT RD STE 310  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: TEAMS, JIM  
Address: 9990 COCONUT RD STE 310  
City-St-Zip: BONITA SPRINGS, FL 34135

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: AMANDA J.BEREN

RECR

04/25/2011

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

\_\_\_\_\_  
Date