FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90206 002 ***150.00

24068849

04272004 Chg-P CR2E034 (10/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000043696

1. Entity Name
MIAMI GROUP HEALTH & LIFE INSURANCE CORP.

Principal Place of Business	Mailing Address
925 FAIRWAY DR MIAMI BEACH, FL 33141 US	925 FAIRWAY DR MIAMI BEACH, FL 33141 US

2. Principal Place of Business		3. Mailing Address	
8252 NE 3 ct.		Same	
Suite, Apt. #, etc. M		Suite, Apt. #, etc.	
City & State Miami Fl.		City & State	
Zip 33138	Country Dade	Zip	Country

4. FEI Number 65-0426842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, JOAN C
925 FAIRWAY DR
MIAMI BEACH, FL 33141

moved to 8252 NE 3ct. Miami Fl. 33138

7. Name and Address of New Registered Agent

Name: Joan BRooks
Street Address (P.O. Box Number is Not Acceptable): 8252 NE 3ct.
City: Miami FL Zip Code: 33138

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00.
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROOKS, JOAN C 925 FAIRWAY DR MIAMI BEACH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan C Brooks as Pres. 4/26/04 305-758-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #