

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90015 001 ***150.00

DOCUMENT # P96000036053		
1. Entity Name HEALTH FAMILY INSURANCE, INC.		

Principal Place of Business 1140 WEST 50 ST. SUITE 305 HIALEAH, FL 33012	Mailing Address 1140 WEST 50 ST. SUITE 305 HIALEAH, FL 33012
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0662907	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ESPINOSA, FERNANDO JR. 1140 WEST 50 STREET #305 HIALEAH, FL 33012	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS EPINOSA, FERNANDO 1140 WEST 50 STREET #305 HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Espinosa Fernando Jr 901 NW 132nd W MIAMI FL 33182 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EPINOSA, FERNANDO JR. 7878 WEST 10 AVE HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDO Espinosa 7878 W 10 Ave Hialeah FL 33016 ☐ 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 an other like empowered.

SIGNATURE: _____	S-01-05	822-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #