

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036053

FILED
Apr 20, 2009
Secretary of State

Entity Name: HEALTH FAMILY INSURANCE, INC.

Current Principal Place of Business:

15280 NW 79 CT
SUITE 250
MIAMI LAKES, FL 33016

New Principal Place of Business:

15280 NW 79 CT
SUITE 103
MIAMI LAKES, FL 33016

Current Mailing Address:

15280 NW 79 CT
SUITE 250
MIAMI LAKES, FL 33016

New Mailing Address:

15280 NW 79 CT
SUITE 103
MIAMI LAKES, FL 33016

FEI Number: 65-0662907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOSA, FERNANDO JR.
10336 NW 31 TERR
DORAL, FL 33172 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ESPINOSA, FERNANDO
Address: 10336 NW 31 TERR
City-St-Zip: DORAL, FL 33172

Title: PS () Delete
Name: ESPINOSA, FERNANDO JR.
Address: 10336 NW 31 TERR
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FERNANDO ESPINOSA

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date