2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
Secretary of State

DOCUMENT# P96000036053

Entity Name: HEALTH FAMILY INSURANCE, INC.

Current Principal Place of Business:

15280 NW 79 CT
SUITE 103
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

15280 NW 79 CT
SUITE 103
MIAMI LAKES, FL 33016

New Mailing Address:

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
Name: ESPINOSA, FERNANDO
Address: 10336 NW 31 TERR
City-St-Zip: DORAL, FL 33172

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

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: FERNANDO ESPINOSA OWNE 02/22/2010

Electronic Signature of Signing Officer or Director — Date