

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000036053

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**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

**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

PRES

01/06/2011

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

\_\_\_\_\_  
Date