

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000100518**

1. Entity Name  
**FLORIDA HEALTH INSURANCE GROUP, INC.**



Principal Place of Business  
1140 WEST 50TH STREET  
SUITE 305  
HIALEAH, FL 33012

Mailing Address  
1140 WEST 50TH STREET  
SUITE 305  
HIALEAH, FL 33012

**FILED**  
**May 13, 2004 08:00 AM**  
**Secretary of State**



03042003 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0879001**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ESPINOSA, FERNANDO JR**  
1140 W 50TH ST #305  
HIALEAH, FL 33012

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*President*

*5/10/04*

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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.

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	ESPINOSA, FERNANDO JR
STREET ADDRESS	1140 W 50TH ST #305
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP
NAME	ESPINOSA, FERNANDO
STREET ADDRESS	7878 WEST 10TH AVENUE
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000160145  
05/13/04-80009-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*President*

*5-10-04*

*(305)*

*822-0783*