

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-17-2005 90015 003 \*\*\*150.00

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0879001**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME ESPINOSA, FERNANDO JR ☐ Delete  
STREET ADDRESS 1140 W 50TH ST #305  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE *PS Espinosa Fernando Jr* ☐ Change ☐ Addition  
NAME *901 NW 132 Ave W*  
STREET ADDRESS *MIAMI FL 33182*  
CITY-ST-ZIP

TITLE VP  
NAME ESPINOSA, FERNANDO ☐ Delete  
STREET ADDRESS 7878 WEST 10TH AVENUE  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

*5-1-05 822-0783*