

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100518

FILED
Jan 26, 2006
Secretary of State

Entity Name: FLORIDA HEALTH INSURANCE GROUP, INC.

Current Principal Place of Business:

1140 WEST 50TH STREET
SUITE 305
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1140 WEST 50TH STREET
SUITE 305
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0879001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOSA, FERNANDO JR
1140 W 50TH ST #305
HIALEAH, FL 33012 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: PS () Delete
Name: ESPINOSA, FERNANDO JR
Address: 901 NW 132 AVE W
City-St-Zip: MIAMI, FL 33182

Title: VP () Delete
Name: ESPINOSA, FERNANDO
Address: 7878 WEST 10TH AVENUE
City-St-Zip: HIALEAH, FL 33014

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 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

OWNE

01/26/2006

Electronic Signature of Signing Officer or Director

Date