

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JANUARY 1, 1996
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$225)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:27

DOCUMENT # V57658 (9)

1. Corporation Name

HEALTH CARE INSURANCE SPECIALISTS, INC.

Principal Place of Business

455 INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

Mailing Address

455 INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

29 Zip

30 Country

4. FEI Number

65-0363066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REARDON, JANET C.
10225 ULMERTON RD.
SUITE 2
LARGO FL 34641

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
BUCKLES JR., WILLIAM G.
455 N. INDIAN ROCKS RD
BELLEAIR BLUFFS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD
VELTMAN, DAVID M
455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
BARODY, MICHAEL A
455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
VELTMAN, GREG
455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

65

66

67

68

69

70

71

72

73

74

75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Buckles, Jr.

6.12.95

813/585.6333