

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33770
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1992	3a. Date of Last Report 02/08/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0363066		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ **DATE** _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLES JR., WILLIAM G.	1.2 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTMAN, DAVID M	2.2 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARODY, MICHAEL A	3.2 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTMAN, GREG	4.2 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 the 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: _____ **DATE:** 1/20/97 **DAYTIME PHONE #:** 813/585-6333

CR2E034 (9/96)