

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005168

**Entity Name:** BROWARD ASSOCIATION OF HEALTH UNDERWRITERS, INC.

**Current Principal Place of Business:**

4312 DIAMOND TERRACE  
WESTON, FL 33331

**Current Mailing Address:**

4312 DIAMOND TERRACE  
WESTON, FL 33331 US

**FEI Number:** 26-1823617

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EVANS, ARIADNA  
4312 DIAMOND TERRACE  
WESTON, FL 33331 US

*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:** ARIADNA EVANS

03/09/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name EVANS, ARIADNA  
Address 4312 DIAMOND TERRACE  
City-State-Zip: WESTON FL 33331  
  
Title D  
Name FARRELL, KEVIN  
Address 4322 DANIELSON DR.  
City-State-Zip: LAKE WORTH FL 33467-3628

Title DST  
Name EVANS, JOE  
Address 4312 DIAMOND TERRACE  
City-State-Zip: WESTON FL 33331  
  
Title DPE  
Name MERSHON, COREY  
Address 12235 SW 101 TERR  
City-State-Zip: MIAMI FL 33186

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARIADNA EVANS

DP

03/09/2013

Electronic Signature of Signing Officer/Director Detail

Date