

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000086344

**Entity Name:** FCHCN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3333 WEST COMMERCIAL BOULEVARD  
SUITE 103  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

3333 WEST COMMERCIAL BOULEVARD  
SUITE 103  
FT LAUDERDALE, FL 33309 US

**FEI Number:** 20-1195805

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SLAKMAN, JOEL  
Address        3333 WEST COMMERCIAL  
                  BOULEVARD  
                  SUITE 103  
City-State-Zip: FT LAUDERDALE FL 33309

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

**SIGNATURE:** SLAKMAN , JOEL

**PRESIDENT**

**03/21/2019**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date