

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000047333

**Entity Name:** EAST COAST HEALTH INSURANCE, INC.

**Current Principal Place of Business:**

3275 W. HILLSBORO BLVD.  
#309  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

3275 W. HILLSBORO BLVD.  
#309  
DEERFIELD BEACH, FL 33442

**FEI Number:** 20-8846939

**Certificate of Status Desired:** No

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

EHRENTAL, CAROLINE  
3275 W. HILLSBORO BLVD.  
#309  
DEERFIELD BEACH, FL 33442 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           PTD  
Name           EHRENTAL, CAROLINE  
Address       3275 W. HILLSBORO BLVD. #309  
City-State-Zip: DEERFIELD BEACH FL 33442

Title           CFO  
Name           SAWICKI, JOSHUA  
Address       3275 W. HILLSOBRO BLVD. #309  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** CAROLINE EHRENTAL

**PTD**

**03/14/2013**

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

\_\_\_\_\_  
Date