

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000092750

Entity Name: HEALTHCARE INSURANCE CENTER INC.

Current Principal Place of Business:

134 EAST 49TH STREET
HIALEAH, FL 33013

Current Mailing Address:

134 EAST 49TH STREET
HIALEAH, FL 33013 US

FEI Number: 83-2455332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ QUINTERO, ANDREA
134 EAST 49TH STREET
HIALEAH, FL 33013 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 P
Name GONZALEZ QUINTERO, ANDREA
Address 134 EAST 49TH STREET
City-State-Zip: HIALEAH FL 33013

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: ANDREA GONZALEZ QUINTERO

PRESIDENT

02/16/2019

Electronic Signature of Signing Officer/Director Detail

Date