

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036053

Entity Name: HEALTH FAMILY INSURANCE, INC.

Current Principal Place of Business:

15280 NW 79 CT
SUITE 103
MIAMI LAKES, FL 33016

Current Mailing Address:

15280 NW 79 CT
SUITE 103
MIAMI LAKES, FL 33016 US

FEI Number: 65-0662907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELLO & MARTINEZ, PLLC
2850 S. DOUGLAS ROAD, SUITE 303
CORAL GABLES, FL 33134 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 PS
Name ESPINOSA, FERNANDO JR.
Address 16222 NW 79 AVE
City-State-Zip: MIAMI LAKES FL 33016

Title D
Name JOSEPH, PETER
Address 15280 NW 79 CT - STE. 103
City-State-Zip: MIAMI LAKES FL 33016

Title D
Name ESPINOSA, ADRIAN
Address 15280 NW 79 CT - STE. 103
City-State-Zip: MIAMI LAKES FL 33016

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: FERNANDO ESPINOSA

PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date