

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000007106

**Entity Name:** FLORIDA HEALTH INSURANCE ADVISORS, INC.

**Current Principal Place of Business:**

4657 SW TACOMA ST  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

4657 SW TACOMA ST  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 65-1007519

**Certificate of Status Desired:** No

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

MEISEL, KEITH WPA  
712 US HIGHWAY  
STE 230  
NORTH PALM BEACH, FL 33408 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           | PSTD                   | Title           | PSTD                   |
| Name            | LAMER, PAUL            | Name            | PAUL, LAMER            |
| Address         | 4657 SW TACOMA ST      | Address         | 4657 SW TACOMA ST      |
| City-State-Zip: | PORT ST LUCIE FL 34953 | City-State-Zip: | PORT ST LUCIE FL 34953 |

*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:** PAUL B LAMER

PSTD

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date