2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2018
Secretary of State
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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 01/18/2018

Electronic Signature of Signing Officer/Director Detail — Date