2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003238

Entity Name: APPLECARE INSURANCE SERVICES INC.

FILED May 04, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6131 ORANGETHORPE AVENUE, SUITE #280 BUENA PARK, CA 90620

Current Mailing Address: New Mailing Address:

6131 ORANGETHORPE AVENUE, SUITE #280 BUENA PARK, CA 90620

FEI Number: 20-3420886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PCEO

Name: JIVRAJKA, VINOD MD

Address: 6131 ORANGETHORPE AVENUE, SUITE #280

City-St-Zip: BUENA PARK, CA 90620

Title: [

Name: JIVRAJKA, VINOD MD

Address: 6131 ORANGETHORPE AVENUE, SUITE #280

City-St-Zip: BUENA PARK, CA 90620

Title: SD

Name: JAIN, SURENDRA

Address: 6131 ORANGETHORPE AVENUE, SUITE #280

City-St-Zip: BUENA PARK, CA 90620

Title:

Name: RENFRO, LARRY
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: D

Name: MUNSELL, WILLIAM ARNOLD Address: 9900 BREN ROAD EAST City-St-Zip: MINNETONKA, MN 55343

Title: [

 Name:
 OWENS, DAWN MARIE

 Address:
 6300 OLSON MEMORIAL HWY

 City-St-Zip:
 GOLDEN VALLEY, MN 55427

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: ANNE KELTNER CONT 05/04/2012