## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000050837

FILED Feb 04, 2011 Secretary of State

Entity Name: ASSURANCE HEALTHCARE FINANCIAL SERVICES INC.

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

1615 FLORIDA AVENUE

PANAMA CITY, FL 324054636 US

Current Mailing Address: New Mailing Address:

1615 FLORIDA AVENUE PANAMA CITY, FL 324054636 US

FEI Number: 01-0727795 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:

BENNETT, DERRICK

112 E THIRD CT

PANAMA CITY, FL 32401 US

MACLAREN, MICHAEL J

165 FLORIDA AVENUE

PANAMA CITY, FL 32405 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: MICHAEL MACLAREN 02/04/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: COOLEY, TOMMY M MR Address: 1615 FLORIDA AVE City-St-Zip: PANAMA CITY, FL 32405

Title: D

Name: MACLAREN, MICHAEL J MR Address: 1615 FLORIDA AVE

City-St-Zip: PANAMA CITY, FL 32405 US

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: MICHAEL MACLAREN D 02/04/2011