

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90001 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000061949

1. Corporation Name

A+CARE INSURANCE SERVICES, INC.

Principal Place of Business

**5605 SANTA MONICA DRIVE
TAMPA FL 33615**

Mailing Address

**POST OFFICE BOX 260695
TAMPA FL 33685-0695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1998

4. FEI Number

59-3522430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1539 S. Parsons Ave

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Seffner, Florida.

City & State

28

Zip

24 33584

Country

25 Hillsborough

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name Marco A. Uzcategui
82 Street Address (P.O. Box Number is Not Acceptable) 1539 S. Parsons Ave
83
84 City Seffner FL 85 Zip Code 33584

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Uzcategui Marco A. Uzcategui President**

04-13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROUTT, ROBERT B	
STREET ADDRESS	5605 SANTA MONICA DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	UZCATEGUI, MARCO A	
STREET ADDRESS	5605 SANTA MONICA DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	URRUTIA, JOHNNY A	
STREET ADDRESS	5605 SANTA MONICA DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	Marco A. Uzcategui
2.4 CITY-ST-ZIP	1539 S. Parsons Ave
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Uzcategui Marco A. Uzcategui President** **04-13-99 (813) 657-2336**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2F034 (11/98)