**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 24, 2016**
**Secretary of State**
**CC3367399068**

DOCUMENT# P14000058763

**Entity Name:** ASSURED HEALTH CARE SOLUTIONS, INC.

**Current Principal Place of Business:**

941 LAUREL CIRCLE
SEBASTIAN, FL 32976

**Current Mailing Address:**

941 LAUREL CIRCLE
SEBASTIAN, FL 32976

**FEI Number: 47-1332955**

**Certificate of Status Desired:** No

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

AMY B. VAN FOSSEN, P.A.
109 W. NEW HAVEN AVE.
MELBOURNE, FL 32901 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 | P |
| Name | MARK, JEFFREY C |
| Address | 941 LAUREL CIRCLE |
| City-State-Zip: | SEBASTIAN FL 32976 |

*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: JEFFREY C MARK PRESIDENT 02/24/2016

Electronic Signature of Signing Officer/Director Detail — Date