

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000099223

Entity Name: ASSURED CARE SERVICES INC

Current Principal Place of Business:

12733 ASTON OAKS DR
FT MYERS, FL 33912

Current Mailing Address:

12733 ASTON OAKS DR
FT MYERS, FL 33912

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMSON, CASANDRIA
12733 ASTON OAKS DR
FT MYERS, FL 33912 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 WILLIAMSON, CASSANDRIA
Address 12733 ARBOR OAKS DR
City-State-Zip: FT MYERS FL 33912

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: CASSANDRIA WILLIAMSON

P

04/18/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date