

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000086464

**Entity Name:** NSURE HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

382 NE 191ST ST., STE. 17537  
MIAMI, FL 33179

**Current Mailing Address:**

382 NE 191ST ST., STE. 17537  
MIAMI, FL 33179

**FEI Number:** 82-1712265

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 N. CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301 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 CEO  
Name CIULLO, MICHAEL A  
Address 382 NE 191ST ST., STE. 17537  
City-State-Zip: MIAMI FL 33179

Title CFO  
Name CIULLO, MICHAEL A  
Address 382 NE 191ST ST., STE. 17537  
City-State-Zip: MIAMI FL 33179

Title PS  
Name CIULLO, MICHAEL A  
Address 382 NE 191ST ST., STE. 17537  
City-State-Zip: MIAMI FL 33179

*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 CIULLO**

**CEO**

**01/15/2025**

Electronic Signature of Signing Officer/Director Detail

Date