

2021 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:** Yes**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

03/28/2021

Electronic Signature of Signing Officer/Director Detail_____
Date