

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061949

Entity Name: A+CARE INSURANCE SERVICES, INC.

Current Principal Place of Business:

7722 SW BARNES RD "C"
PORTLAND, OR 97225

Current Mailing Address:

PO BOX 6470
SEFFNER, FL 33583

FEI Number: 59-3522430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UZCATEGUI, MARCO A
8232 CAUSWAY BLVD
TAMPA, FL 33619 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 PD
Name UZCATEGUI, MARCO A
Address PO BOX 6470
City-State-Zip: SEFFNER FL 33583

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: MARCO A. UZCATEGUI

OWNER

04/07/2015

Electronic Signature of Signing Officer/Director Detail

Date