

**2017 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:**

7722 SW BARNES RD C  
PORTLAND, OR 97225 US

**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 7722 SW BARNES RD C  
City-State-Zip: PORTLAND OR 97225

*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**

**04/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date