## **2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000061949

Entity Name: A+CARE INSURANCE SERVICES, INC.

**Current Principal Place of Business:** 

220 W BRANDON BLVD # 101. BRANDON. FL 33511

**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 220 W BRANDON BLVD # 101 BRANDON, FL 33511 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

FILED Mar 26, 2014

**Secretary of State** 

CC0486336646

## 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

**PRESIDENT** 

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date