

**2013 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

**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**

**04/19/2013**

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

\_\_\_\_\_  
Date