

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000005371

FILED
Nov 04, 2011
Secretary of State

Entity Name: HEALTHCARE ASSURANCE CORPORATION

Current Principal Place of Business:

322 NANCY LYNN LANE
STE. 17
KNOXVILLE, TN 37919

New Principal Place of Business:

Current Mailing Address:

PO BOX 51686
KNOXVILLE, TN 37950

New Mailing Address:

FEI Number: 62-1357135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKIBBEN, R. BRUCE P.A.
1435 E. PIEDMONT DR., STE. 214
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HUBBS, ANN
500 E NEW YORK AVE
DELAND, FL 32724 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: ANN HUBBS

11/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BALL, WILLIAM H JR.
Address: 322 NANCY LYNN LN., STE. 17
City-St-Zip: KNOXVILLE, FL 37919

Title: DS
Name: WALLACE, JEFFREY
Address: 322 NANCY LYNN LN., STE. 17
City-St-Zip: KNOXVILLE, TN 37950

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: WILLIAM H BALL, JR.

PRES

11/04/2011

Electronic Signature of Signing Officer or Director

Date