

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F10000005694

FILED
Mar 08, 2012
Secretary of State

Entity Name: ASSURECARE OF FLORIDA, INC.

Current Principal Place of Business:

765 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32716

New Principal Place of Business:

Current Mailing Address:

13700 WATERTOWER CIRCLE
PLYMOUTH, MN 55441

New Mailing Address:

FEI Number: 26-0681040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, MICHAEL J ESQ
631 US HWY 1 SUITE 100
N PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: MICHAEL J RYAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT
Name: AGAR, RICHARD J
Address: PO BOX 27740
City-St-Zip: LAS VEGAS, NV 89126

Title: VP
Name: AGAR, DENNIS
Address: PO BOX 27740
City-St-Zip: LAS VEGAS, NV 89126

Title: S
Name: RYAN, MICHAEL J
Address: PO BOX 27740
City-St-Zip: LAS VEGAS, NV 89126

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: DENNIS AGAR

Electronic Signature of Signing Officer or Director

VP

03/08/2012

Date