2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2012
Secretary of State

DOCUMENT# F11000003238

Entity Name: APPLECARE INSURANCE SERVICES INC.

Current Principal Place of Business:

6131 ORANGETHORPE AVENUE, SUITE #280
BUENA PARK, CA 90620

New Principal Place of Business:

Current Mailing Address:

6131 ORANGETHORPE AVENUE, SUITE #280
BUENA PARK, CA 90620

New Mailing Address:

FEI Number: 20-3420886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: JIVRAJKA, VINOD MD
Address: 6131 ORANGETHORPE AVENUE, SUITE #280
City-St-Zip: BUENA PARK, CA 90620

Title: D
Name: JIVRAJKA, VINOD MD
Address: 6131 ORANGETHORPE AVENUE, SUITE #280
City-St-Zip: BUENA PARK, CA 90620

Title: SD
Name: JAIN, SURENDRA
Address: 6131 ORANGETHORPE AVENUE, SUITE #280
City-St-Zip: BUENA PARK, CA 90620

Title: D
Name: RENFRO, LARRY
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: D
Name: MUNSELL, WILLIAM ARNOLD
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: D
Name: OWENS, DAWN MARIE
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

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: ANNE KELTNER CONT 05/04/2012

Electronic Signature of Signing Officer or Director — Date