


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90082 029 ***158.75

DOCUMENT # P02000054340 1. Entity Name ASSURANCE CARE MANAGEMENT, INC.	
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Principal Place of Business 5890 SW 8TH STREET MIAMI, FL 33144	Mailing Address 5890 SW 8TH STREET MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0467573	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALDES, GLADYS 5890 SW 8TH STREET MIAMI, FL 33144
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gladys Valdes* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 - After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VALDES, GLADYS I 5890 SW 8TH STREET MIAMI, FL 33144
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gladys Valdes* 4/15/05 305-751-4742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #