

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054340

FILED
Feb 02, 2007
Secretary of State

Entity Name: ASSURANCE CARE MANAGEMENT, INC.

Current Principal Place of Business:

5890 SW 8TH STREET
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

5890 SW 8TH STREET
MIAMI, FL 33144

New Mailing Address:

5631 BISCAYNE BLVD
MIAMI, FL 33137

FEI Number: 03-0467573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, GLADYS
5890 SW 8TH STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

VALDES, GLADYS
5631 BISCAYNE BLVD
MIAMI, FL 33137 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: GLADYS I VALDES

02/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALDES, GLADYS I
Address: 5890 SW 8TH STREET
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDES, GLADYS I
Address: 9551 BANYAN DRIVE
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLADYS I VALDES

P

02/02/2007

Electronic Signature of Signing Officer or Director

Date