2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

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Entity Name: ASSURECARE RISK MANAGEMENT, INC.

Current Principal Place of Business:

13700 WATERTOWER CIRCLE
STE. D
PLYMOUTH, MN 55441

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14909
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 27-0158924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN, MICHAEL J
370 GOLFVIEW ROAD
STE. 104
NORTH 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: AGAR, RICHARD J
Address: 370 GOLFVIEW ROAD, STE. 901
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP
Name: AGAR, RICHARD J
Address: 370 GOLFVIEW ROAD, STE. 901
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SEC
Name: AGAR, RICHARD J
Address: 370 GOLFVIEW ROAD, STE. 901
City-St-Zip: NORTH PALM BEACH, FL 33408

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: RICHARD J. AGAR P 04/29/2010

Electronic Signature of Signing Officer or Director — Date