

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000041421

FILED
Apr 30, 2012
Secretary of State

Entity Name: ASSURECARE RISK MANAGEMENT, INC.

Current Principal Place of Business:

631 US HWY 1 STE 100
N PALM BEACH, FL 33408

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
631 U.S. HIGHWAY 1
STE. 100
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

OFFICERS AND DIRECTORS:

Title: PVPS
Name: AGAR, RICHARD
Address: 631 US HWY 1 STE 100
City-St-Zip: N 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

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date