2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State
07-13-2004 90007 043 ***150.00

DOCUMENT # P94000006020

1. Entity Name
INSURECARE OF NAPLES, INC.

Principal Place of Business	Mailing Address
THE FRENCH QUARTER 501 GOODLETTE ROAD N., SUITE D100 NAPLES, FL 33940	THE FRENCH QUARTER 501 GOODLETTE ROAD N., SUITE D100 NAPLES, FL 33940

07072004 No Chg-P CR2E094 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0459022
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

PINTER, MICHAEL R
4328 CORPORATE SQUARE
SUITE C
NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUNNINGHAM, JOHN BRENDAN
STREET ADDRESS	8655 NAPLES HERITAGE DR #316
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: JOHN BRENDAN CUNNINGHAM 4/29/04 239 775 1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

INSURECARE OF NAPLES

"Insurance and Investments With Care"

44048157

P94000060

Division of Corporations,

INSURECARE OF NAPLES mailed A check for $150.00 to Division of Corporations in TALLAHASSEE, FL 32314 on APRIL 15, 2004.

The check # was 2519. The check has NOT been cashed, as of this date. I have issued a new check and stopped payment on old check. Please accept the new check for the amt of $150.00 sent by overnite mail.

Thank you.

John Brendan Cunningham

JOHN BRENDAN CUNNINGHAM

PRESIDENT

501 Goodlette Road • Suite D-100 • Naples, Florida 34102 • (941) 434-5535 • ~~Fax (941) 261-9117~~

~~Toll Free (866) 434-5535~~