

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061949

Entity Name: A+CARE INSURANCE SERVICES, INC.

FILED  
Apr 28, 2011  
Secretary of State

**Current Principal Place of Business:**

1539 S. PARSONS AVE.  
SEFFNER, FL 33584

**New Principal Place of Business:**

220 W BRANDON BLVD # 101.  
BRANDON, FL 33511

**Current Mailing Address:**

PO BOX 6470  
SEFFNER, FL 33583

**New Mailing Address:**

FEI Number: 59-3522430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UZCATEGUI, MARCO A  
1539 S. PARSONS AVE.  
SEFFNER, FL 33584 US

**Name and Address of New Registered Agent:**

UZCATEGUI, MARCO A  
220 W BRANDON BLVD # 101  
BRANDON, FL 33511 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: MARCO A UZCATEGUI

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: UZCATEGUI, MARCO A  
Address: PO BOX 6470  
City-St-Zip: SEFFNER, FL 33583

Title: VP  
Name: UZCATEGUI, JANET L  
Address: PO BOX 6470  
City-St-Zip: SEFFNER, FL 33583

Title: VP  
Name: UZCATEGUI, MARCO A JR  
Address: PO BOX 6470  
City-St-Zip: SEFFNER, FL 33583

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: MARCO A UZCATEGUI

PD

04/28/2011

Electronic Signature of Signing Officer or Director

Date