

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 531421

**Entity Name:** US ASSURE, INC.

**Current Principal Place of Business:**

8230 NATIONS WAY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8230 NATIONS WAY  
JACKSONVILLE, FL 32256 US

**FEI Number:** 62-0999305

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER  
Name US ASSURE INSURANCE SERVICES  
OF FLORIDA, INC  
Address 8230 NATIONS WAY  
City-State-Zip: JACKSONVILLE FL 32256

*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:** SELENA BREEDLOVE

CFO

05/01/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date