2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2013
Secretary of State
CC4951712159

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Entity Name: US ASSURE INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

8230 NATIONS WAY
JACKSONVILLE, FL 32256

Current Mailing Address:

8230 NATIONS WAY
JACKSONVILLE, FL 32256 US

FEI Number: 59-3716329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.
14 EAST BAY STREET
JACKSONVILLE, FL 32202 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	CEOD
Name	PETWAY, THOMAS F IV
Address	8230 NATIONS WAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	CFOSD
Name	EMANS, CHRISTOPHER F
Address	8230 NATIONS WAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	AS
Name	HOWARD, G. ALAN
Address	8230 NATIONS WAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	PD
Name	FERGUSON, ANDREW J
Address	8230 NATIONS WAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	SVPD
Name	FERGUSON, M. ALAN
Address	8230 NATIONS WAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	VCD
Name	PETWAY, THOMAS F III
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: CHRISTOPHER EMANS CFO 04/18/2013

Electronic Signature of Signing Officer/Director Detail — Date