

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005694

**FILED
Apr 28, 2015
Secretary of State
CC6483305047**

Entity Name: ASSURECARE OF FLORIDA, INC.

Current Principal Place of Business:

765 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32716

Current Mailing Address:

13700 WATERTOWER CIRCLE
PLYMOUTH, MN 55441

FEI Number: 26-0681040

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RYAN, MICHAEL JESQ
631 US HWY 1 SUITE 100
N PALM BEACH, FL 33408 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 PT
Name AGAR, RICHARD J
Address PO BOX 27740
City-State-Zip: LAS VEGAS NV 89126

Title VP
Name AGAR, DENNIS
Address PO BOX 27740
City-State-Zip: LAS VEGAS NV 89126

Title S
Name RYAN, MICHAEL J
Address PO BOX 27740
City-State-Zip: LAS VEGAS NV 89126

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

PRESIDENT

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date