

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005694

**Entity Name:** ASSURECARE OF FLORIDA, INC.

**Current Principal Place of Business:**

4898 EUROPA DRIVE  
NAPLES, FL 34105

**Current Mailing Address:**

4898 EUROPA DRIVE  
NAPLES, FL 34105 US

**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                | Title           | VP                |
| Name            | AGAR, RICHARD J   | Name            | AGAR, DENNIS      |
| Address         | 4898 EUROPA DRIVE | Address         | 4898 EUROPA DRIVE |
| City-State-Zip: | NAPLES FL 34105   | City-State-Zip: | NAPLES FL 34105   |

Title S  
 Name RYAN, MICHAEL J  
 Address 4898 EUROPA DRIVE  
 City-State-Zip: NAPLES FL 34105

*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**

**03/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date