

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000050946

Entity Name: ASURECARE CORP.

FILED
Oct 21, 2009
Secretary of State

Current Principal Place of Business:

5151 SAN FELIPE ST
SUITE 500
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

5151 SAN FELIPE ST
SUITE 500
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 58-2397026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: LAWRENCE M. BLACKBURN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TVSD () Delete
Name: TOPPE, ARDEE
Address: 5151 SAN FELIPE ST
City-St-Zip: HOUSTON, TX 77056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK DOLAN

VP

10/21/2009

Electronic Signature of Signing Officer or Director

Date