

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050946

Entity Name: ASURECARE CORP.

FILED
Apr 26, 2012
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: TOPPE, ARDEE D
Address: 5151 SAN FELIPE ST., STE 500
City-St-Zip: HOUSTON, TX 77056

Title: TREA
Name: TOPPE, ARDEE D
Address: 5151 SAN FELIPE ST., STE. 500
City-St-Zip: HOUSTON, TX 77056

Title: SEC
Name: TOPPE, ARDEE D
Address: 5151 SAN FELIPE ST., STE. 500
City-St-Zip: HOUSTON, TX 77056

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: ARDEE D TOPPE

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date