

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000050946

**Entity Name:** ASURECARE CORP.

**Current Principal Place of Business:**

5151 SAN FELIPE ST  
SUITE 500  
HOUSTON, TX 77056

**Current Mailing Address:**

5151 SAN FELIPE ST  
SUITE 500  
HOUSTON, TX 77056

**FEI Number:** 58-2397026

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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            PRES  
Name            TOPPE, ARDEE D  
Address        5151 SAN FELIPE ST., STE 500  
City-State-Zip: HOUSTON TX 77056

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

Title            SEC  
Name            TOPPE, ARDEE D  
Address        5151 SAN FELIPE ST., STE. 500  
City-State-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

**PRESIDENT**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date