

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050946

Entity Name: ASURECARE CORP.**Current Principal Place of Business:**19001 KERMIER RD.
WALLER, TX 77484**Current Mailing Address:**19001 KERMIER RD.
WALLER, TX 77484 US**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 TOPPE

PRESIDENT

04/08/2021

Electronic Signature of Signing Officer/Director Detail_____
Date