

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050946

Entity Name: ASURECARE CORP.

FILED  
Jun 29, 2006  
Secretary of State

## Current Principal Place of Business:

2550 NORTH LOOP WEST  
SUITE 400  
HOUSTON, TX 77092

## New Principal Place of Business:

## Current Mailing Address:

2550 NORTH LOOP WEST  
SUITE 400  
HOUSTON, TX 77092

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TVSD ( ) Delete  
Name: TOPPE, ARDEE  
Address: 2550 NORTH LOOP WEST #400  
City-St-Zip: HOUSTON, TX 77092

## 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 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: R. MIKE BRYANT

AGNT

06/29/2006

Electronic Signature of Signing Officer or Director

Date