

No. <b>C 191491</b>		<b>Due no later than Jun 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
		<b>1. Mailing Address: Correct in this box if needed.</b> US ASSURE INSURANCE SERVICES OF FLORIDA, INC. ANNUAL REPORTS 8230 NATIONS WAY JACKSONVILLE FL 32256		3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	THOMAS F PETWAY IV	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256
DIRECTOR	M. ANDREW FERGUSON	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
DIRECTOR	CHRISTOPHER F EMANS	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
DIRECTOR	THOMAS F PETWAY, IV	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
VICE PRESIDENT	M. ANDREW FERGUSON	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
SECRETARY	CHRISTOPHER F EMANS	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
TREASURER	CHRISTOPHER F EMANS	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
5. Organized Under the Laws of:  <b>FL C 191491</b>		6. Annual Report must be signed.* Signature: Christopher F. Emans Name (type or print): Christopher F. Emans		Date: 06/16/2016 Title: Secretary		
Processed 06/16/2016		* Electronically provided signatures are accepted as original signatures.				