

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003973

FILED
Apr 27, 2012
Secretary of State

Entity Name: MANAGED CARE RISK SERVICES, INC.

Current Principal Place of Business:

200 E BROWARD BLVD SUITE 1300
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

300 CROWN COLONY DR. SUITE 203
QUINCY, MA 02169

Current Mailing Address:

300 CROWN COLONY DR SUITE 203
QUINCY, MA 02169

New Mailing Address:

300 CROWN COLONY DR. SUITE 203
QUINCY, MA 02169

FEI Number: 56-2232808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301 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: LINDBERG, MICHAEL
Address: 300 CROWN COLONY DR SUITE 203
City-St-Zip: QUINCY, MA 02169

Title: SEC
Name: MILLERICK, ROBERT
Address: 300 CROWN COLONY DR SUITE 203
City-St-Zip: QUINCY, MA 02169

Title: TREA
Name: OCHS-PIASECKI, PAMELA
Address: 300 CROWN COLONY DR SUITE 203
City-St-Zip: QUINCY, MA 02169

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: MICHAEL LINDBERG

PRES

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date