

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087457

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** RELIABLE PHYSICIAN'S SERVICES, INC.

**Current Principal Place of Business:**

13250 SW 131 ST  
#105  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13250 SW 131 ST  
#105  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 32-0118867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, ARALY  
12218 SW 16 TERR  
UNIT D102  
MIAMI, FL 33175 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: DP  
Name: HERNANDEZ, ARALY  
Address: 12218 SW 16 TERR UNIT D102  
City-St-Zip: MIAMI, FL 33175

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: ARALY HERNANDEZ

DP

03/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date