

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102680

FILED
Apr 25, 2009
Secretary of State

Entity Name: RELIABLE HEALTH CARE SERVICES POOL INC

Current Principal Place of Business:

21050 WINDEMERE LANE
BOCA RATON, FL 33428

New Principal Place of Business:

2101 VISTA PARKWAY
SUITE 4025
WEST PALM BEACH, FL 33411

Current Mailing Address:

21050 WINDEMERE LANE
BOCA RATON, FL 33428

New Mailing Address:

2101 VISTA PARKWAY
SUITE 4025
WEST PALM BEACH, FL 33411

FEI Number: 26-3723719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKAHILENKOV, IRIN
10134 182ND LANE S
BOCA RATON, FL 33498 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: PD () Delete
Name: KOGAN, TATYANA
Address: 10187 SERENE MEADOW DR., NORTH
City-St-Zip: BOCA RATON, FL 33428

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 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: TATYANA KOGAN

PD

04/25/2009

Electronic Signature of Signing Officer or Director

_____ Date