

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156233

FILED
Apr 06, 2009
Secretary of State

Entity Name: RIZO'S MEDICAL SERVICES, INC.

Current Principal Place of Business:

1100 SW ST. LUCIE WEST BLVD.
SUITE 105
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1100 SW ST. LUCIE WEST BLVD.
SUITE 105
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 86-1152310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

RIZO, MARIA L
1100 SW ST. LUCIE WEST BLVD.
SUITE 105
PORT ST. LUCIE, FL 34986 US

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: MARIA L. RIZO

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: RIZO, MARIA L
Address: 1100 SW ST LUCIE WEST BLVD. SUITE 105
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIZO, MARIA L MD
Address: 1100 SW ST LUCIE WEST BLVD. SUITE 105
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Change (X) Addition
Name: MORALES, MARIA V
Address: 179 NW MAGNOLIA LAKES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

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: MARIA L. RIZO

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04/06/2009

Electronic Signature of Signing Officer or Director

Date