

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000074545

**Entity Name:** RELIABLE HEALTH CARE INC.

**Current Principal Place of Business:**

2575 KURT STREET  
SUITE 104  
EUSTIS, FL 32726

**Current Mailing Address:**

2575 KURT STREET  
SUITE 104  
EUSTIS, FL 32726 US

**FEI Number:** 80-0475165

**Certificate of Status Desired:** Yes

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

HARRISON, WILLIAM GMR  
457 MICKLETON LOOP  
OCOE, FL 34761 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            HARRISON, WILLIAM GMR  
Address        457 MICKLETON LOOP  
City-State-Zip: OCOEE FL 34761

Title            DIR  
Name            HARRISON, WILLIAM GMR  
Address        457 MICKLETON LOOP  
City-State-Zip: OCOEE FL 34761

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:** WILLIAM G HARRISON

**CEO, DIRECTOR**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date