

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000026171

**Entity Name:** RELIABLE HEALTHCARE AGENCY, INC.

**Current Principal Place of Business:**

5269 S FLORIDA AVE  
LAKELAND, FL 33813

**Current Mailing Address:**

5269 S FLORIDA AVE  
LAKELAND, FL 33813

**FEI Number:** 27-2438773

**Certificate of Status Desired:** No

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

NEHTERSOLE, EUSTACE GV.P.  
456 OAKLANDING BLVD  
MULBERRY, FL 33860 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            D  
Name            NETHERSOLE, ELAINE  
Address        459 HILLSIDE AVE  
City-State-Zip: PISCATAWAY NJ 08854

Title            D  
Name            NETHERSOLE, DENISE  
Address        456 OAKLANDING BLVD  
City-State-Zip: MULBERRY FL 33860

*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:** NETHERSOLE ELAINE

V . P.

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date