

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003973

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC4542038644**

**Entity Name:** MANAGED CARE RISK SERVICES, INC.

**Current Principal Place of Business:**

300 CROWN COLONY DR. SUITE 203  
QUINCY, MA 02169

**Current Mailing Address:**

300 CROWN COLONY DR. SUITE 203  
QUINCY, MA 02169

**FEI Number:** 56-2232808

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR SUITE A  
TALLAHASSEE, FL 32301 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            PRES  
Name            LINDBERG, MICHAEL  
Address        300 CROWN COLONY DR SUITE 203  
City-State-Zip: QUINCY MA 02169

Title            SEC  
Name            MILLERICK, ROBERT  
Address        300 CROWN COLONY DR SUITE 203  
City-State-Zip: QUINCY MA 02169

Title            TREA  
Name            OCHS-PIASECKI, PAMELA  
Address        300 CROWN COLONY DR SUITE 203  
City-State-Zip: QUINCY MA 02169

*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:** MICHAEL LINDBERG

**PRESIDENT**

**04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date