

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006349

FILED
Apr 17, 2008
Secretary of State

Entity Name: THE RISK MANAGEMENT AND PATIENT SAFETY INSTITUTE, INC.

Current Principal Place of Business:

6215 W ST JOSEPH HWY
LANSING, MI 48917

New Principal Place of Business:

Current Mailing Address:

6215 W ST JOSEPH HWY
LANSING, MI 48917

New Mailing Address:

FEI Number: 20-4793831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: C () Delete
Name: DICKINSON, TOM F
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

Title: PCEO () Delete
Name: DICKINSON, THOMAS F
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

Title: VTS () Delete
Name: LANG, JOHN F
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

Title: CFO (X) Delete
Name: LANG, JOHN F
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

Title: V (X) Delete
Name: URSUL, MARY
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

Title: V (X) Delete
Name: WARECK, KAROL
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DICKINSON, TOM F
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

Title: COO (X) Change () Addition
Name: HELGREN, RICHARD
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

Title: CFO (X) Change () Addition
Name: LANG, JOHN F
Address: 6215 W ST JOSEPH HWY
City-St-Zip: LANSING, MI 48917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMY T. IRISH

VP

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date