

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000075528

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** RISK ADJUSTMENT MANAGEMENT, LLC

**Current Principal Place of Business:**

7220 NW 36TH STREET  
SUITE 103  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 BRICKELL KEY DRIVE  
APT. #906  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 20-5290418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, RONNIE D  
520 BRICKELL KEY DRIVE  
APT. #906  
MIAMI, FL 33131 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JOHNSON, RONNIE D  
**Address:** 520 BRICKELL KEY DRIVE, UNIT #906  
**City-St-Zip:** MIAMI, FL 33131

**Title:** VP  
**Name:** DIAZ, ISABEL  
**Address:** 7220 NW 36TH STREET, SUITE 103  
**City-St-Zip:** MIAMI, FL 33166 US

**Title:** VP  
**Name:** OMACHONU, VINCENT  
**Address:** 7220 NW 36TH STREET, SUITE 103  
**City-St-Zip:** MIAMI, FL 33166 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** RONNIE D JOHNSON

PRES

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date