

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008862

FILED
Apr 10, 2012
Secretary of State

Entity Name: REINTEGRATION SOLUTIONS, INC

Current Principal Place of Business:

221 EAST 8TH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

221 EAST 8TH STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 45-3309535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARDNER, WILLIAM H IV
2242 BRISTOL SPRING CT
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

COLLIER, JACQUELINE C
3938 WINDINGBIVINE DRIVE EAST
JACKSONVILLE, FL 32244 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: MRS. JACEQUINE COLLIER

04/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EXEC
Name: GARLAND, SCOTT
Address: 3938 WINDING VINE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: ADM
Name: COLLIER, JACQUELINE
Address: 3938 WINDING VINE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: DIR
Name: BOLTON, DARYL F IV
Address: 113 SOUTH 15TH STREET
City-St-Zip: PALATKA, FL 32177 US

Title: BRD
Name: FOSTER, DEBRA C
Address: 315 NORTH 8TH STREET
City-St-Zip: PALATKA, FL 32177 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MS. JACQUELINE COLLIER

ADM

04/10/2012

Electronic Signature of Signing Officer or Director

Date