

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000055328

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** MEDIFLEX PATIENT CARE SERVICES, INC.

**Current Principal Place of Business:**

603 6TH ST NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

603 6TH ST NW  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 59-3723381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHERT, BART  
603 6TH ST NW  
WINTER HAVEN, FL 33880 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RICHERT, BART  
Address: 323 3RD ST NW  
City-St-Zip: 603 6TH ST NW, FL 33880

Title: D  
Name: TRINKLEIN, STEVE  
Address: 323 3RD ST NW  
City-St-Zip: 603 6TH ST NW, FL 33880

Title: D  
Name: RICHERT, DWIGHT  
Address: MGR603 6TH ST NW  
City-St-Zip: WINTER HAVEN, FL 33880

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: STEVE TRINKLEIN

MGMR

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date