

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131056

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** RENAISSANCE HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

3420 FAIRLANE FARMS ROAD  
SUITE C  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3420 FAIRLANE FARMS ROAD  
SUITE C  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 20-0774814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GUILLAMA, NOEL J  
3420 FAIRLANE FARMS ROAD  
SUITE C  
WELLINGTON, FL 33414 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: P/D  
Name: GUILLAMA, NOEL J  
Address: 3420 FAIRLANE FARMS ROAD, SUITE C  
City-St-Zip: WELLINGTON, FL 33414

Title: VP/D  
Name: GUILLAMA, SUSAN D  
Address: 3420 FAIRLANE FARMS ROAD, SUITE C  
City-St-Zip: WELLINGTON, FL 33414

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: NOEL J. GUILLAMA

D

04/13/2012

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

\_\_\_\_\_  
Date