

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047769

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** RICHARDSON HEALTHCARE GROUP, INC.

**Current Principal Place of Business:**

8450 GATE PARKWAY W APT 1103  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8450 GATE PARKWAY W APT 1103  
JACKSONVILLE, FL 32216

**New Mailing Address:**

P O BOX 551075  
JACKSONVILLE, FL 32255 10

**FEI Number:** 20-0013464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELIZABETH G. BOURLON, CPA, PA  
262 4TH AVENUE N  
ST PETERSBURG, FL 33701 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  
Name: RICHARDSON, SUSAN M  
Address: 8450 GATE PARKWAY W, APT 1103  
City-St-Zip: JACKSONVILLE, FL 32216

Title: S  
Name: RICHARDSON, FRED A  
Address: 8450 GATE PARKWAY W, APT 1103  
City-St-Zip: JACKSONVILLE, FL 32216

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: SUSAN M. RICHARDSON

P

02/28/2012

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

\_\_\_\_\_  
Date