

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113213

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** REGIONAL MEDICAL RESOURCES, INC.

**Current Principal Place of Business:**

725 COMMERCE CENTER DRIVE  
SUITE H  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781299  
SEBASTIAN, FL 32978

**New Mailing Address:**

**FEI Number:** 87-0712377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRETT, JOHN  
771 HOLDEN AVE.  
SEBASTIAN, FL 32958 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: ROMOLO, RICK  
Address: P.O. BOX 781299  
City-St-Zip: SEBASTIAN, FL 32978

Title: VP  
Name: BARRETT, JOHN  
Address: P.O. BOX 781299  
City-St-Zip: SEBASTIAN, FL 32978

Title: SEC  
Name: BARRETT, JOHN  
Address: P.O. BOX 781299  
City-St-Zip: SEBASTIAN, FL 32978

Title: TRES  
Name: BARRETT, JOHN  
Address: P.O. BOX 781299  
City-St-Zip: SEBASTIAN, FL 32978

Title: DIR  
Name: BARRETT, JOHN  
Address: P.O. BOX 781299  
City-St-Zip: SEBASTIAN, FL 32978

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: JOHN BARRETT

VP

03/06/2012

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

\_\_\_\_\_  
Date