

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000110389

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** RISK MANAGEMENT CENTER, INC.

**Current Principal Place of Business:**

2300 PALM BEACH LAKES BLVD  
SUITE 304  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2300 PALM BEACH LAKES BLVD  
SUITE 304  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 20-1693424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDONALD, ROBERT R  
101 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** KULOK, WILLIAM A  
**Address:** 116 ECHO DRIVE  
**City-St-Zip:** JUPITER, FL 33458

**Title:** D  
**Name:** DORFMAN, MARK  
**Address:** 10404 CARMEN LANE  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** D  
**Name:** ASHBURN, ROBERT  
**Address:** 1009 SAN LUIS ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32304

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:** WILLIAM A. KULOK

DIR

04/28/2010

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

\_\_\_\_\_  
Date