

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099293

FILED
Apr 06, 2009
Secretary of State

Entity Name: RELIABLE CARE SERVICES, INC.

Current Principal Place of Business:

10860 118 ST NORTH
SEMINOLE, FL 33778

New Principal Place of Business:

Current Mailing Address:

10860 118 ST NORTH
SEMINOLE, FL 33778

New Mailing Address:

FEI Number: 20-5282978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMANN, SEMIRA
10860 118 ST NORTH
SEMINOLE, FL 33778 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: P () Delete
Name: HOFFMAN, SEMIRA
Address: 10860 118 ST NORTH
City-St-Zip: SEMINOLE, FL 33778

Title: VP () Delete
Name: CEHIC, SANEL
Address: 10860 118 ST NORTH
City-St-Zip: SEMINOLE, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SEMIRA HOFFMANN

DIRE

04/06/2009

Electronic Signature of Signing Officer or Director

Date