

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104055

FILED  
May 02, 2011  
Secretary of State

**Entity Name:** RAWLINS MED-WAIVER PROVIDER AGENCY, INC.

**Current Principal Place of Business:**

680 CECINA WAY  
APT F  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 422083  
KISSIMMEE, FL 34742 US

**New Mailing Address:**

PO 422083  
KISSIMMEE, FL 34741

FEI Number: 20-4834480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RAWLINS, DUANE A  
680 CECINA WAY  
APT F  
KISSIMMEE, FL 34741 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: CEO  
Name: RAWLINS, DUANE A  
Address: 680 CECINA WAY APT F  
City-St-Zip: KISSIMMEE, FL 34741 US

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: DUANE RAWLINS

CEO

05/02/2011

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

\_\_\_\_\_ Date