

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000040492

**Entity Name:** ROLIN MEDICAL SERVICES, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12605 BRADY PLACE BLVD  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

12605 BRADY PLACE BLVD  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 20-8852357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRECKER, LINDA  
12605 BRADY PLACE BLVD  
JACKSONVILLE, FL 32223 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:** DPS  
**Name:** STRECKER, LINDA  
**Address:** 12605 BRADY PLACE BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** DVT  
**Name:** STRECKER, ROGER  
**Address:** 12605 BRADY PLACE BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32223

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:** LINDA STRECKER

DPS

04/29/2011

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

\_\_\_\_\_  
Date