

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000062288

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** RC INSURANCE MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

10172 CLUBHOUSE TURN ROAD  
LAKE WORTH, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

10172 CLUBHOUSE TURN ROAD  
LAKE WORTH, FL 33449

**New Mailing Address:**

**FEI Number:** 26-0244446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUETO, ROSANA  
10172 CLUBHOUSE TURN ROAD  
LAKE WORTH, FL 33449 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: CUETO, ROSANA  
Address: 10172 CLUBHOUSE TURN ROAD  
City-St-Zip: LAKE WORTH, FL 33449

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: ROSANA CUETO

PRES

02/20/2011

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

\_\_\_\_\_  
Date