

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000067727

FILED  
Sep 20, 2012  
Secretary of State

**Entity Name:** EUTOPIA MEDICAL & LEGAL SERVICES, INC.

**Current Principal Place of Business:**

8634 VIA REALE  
SUITE 4  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

8634 VIA REALE  
SUITE 4  
BOCA RATON, FL 33496 US

**New Mailing Address:**

**FEI Number:** 59-3517393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: BEAULIEU, PATRICIA  
Address: 8634 VIA REALE #4  
City-St-Zip: BOCA RATON, FL 33496 US

Title: SD  
Name: HILL, MELODIE  
Address: 8634 VIA REALE #3  
City-St-Zip: BOCA RATON, FL 33496 US

Title: D  
Name: BEAULIEU, PATRICIA  
Address: 8634 VIA REALE #4  
City-St-Zip: BOCA RATON, FL 33496 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: PATRICIA BEAULIEU

PRES

09/20/2012

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

\_\_\_\_\_  
Date