

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000095242

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** R&R TOTAL CARE MANAGEMENT AGENCY, INC.

**Current Principal Place of Business:**

1812 FOREST GLEN WAY  
SAINT AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

1812 FOREST GLEN WAY  
SAINT AUGUSTINE, FL 32092 US

**New Mailing Address:**

2220 CR 210 WEST  
SUITE 108 BOX 415  
SAINT AUGUSTINE, FL 32092 US

**FEI Number:** 27-4020440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAMMELL, RHONDA J  
1812 FOREST GLEN WAY  
SAINT AUGUSTINE, FL 32092 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: HAMMELL, RHONDA J  
Address: 1812 FOREST GLEN WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32092 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: RHONDA HAMMELL

P

04/13/2011

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

\_\_\_\_\_  
Date