2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P15321

Entity Name: RMSC OF WEST PALM BEACH, INC.

Current Principal Place of Business:

9774 NAPOLI WOODS LANE
C/O STEVEN KINDERMAN
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

4240 STUDIO PARK AVE
C/O CARRIE WILSON
JACKSONVILLE, FL 32216 US

Current Mailing Address:

9774 NAPOLI WOODS LANE
C/O STEVEN KINDERMAN
DELRAY BEACH, FL 33446 US

New Mailing Address:

4240 STUDIO PARK AVE
C/O CARRIE WILSON
JACKSONVILLE, FL 32216 US

FEI Number: 23-2229825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAASS, ROBB R
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: KINDERMAN, STEVEN L
Address: 9774 NAPOLI WOODS LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: AS ( ) Delete
Name: MAASS, ROBB R
Address: 321 ROYAL POINCIANA PLAZA, SOUTH
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: WILSON, CARRIE L
Address: 4240 STUDIO PARK AVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: AS (X) Change ( ) Addition
Name: MAASS, ROBB R
Address: 340 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARRIE WILSON PST 04/28/2008
Electronic Signature of Signing Officer or Director Date