

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078791

FILED
Apr 30, 2012
Secretary of State

Entity Name: RELIANCE CARE SERVICES, INC.

Current Principal Place of Business:

6815 CONLEY DR.
POLK CITY, FL 338689367

New Principal Place of Business:

Current Mailing Address:

6815 CONLEY DR.
POLK CITY, FL 338689367

New Mailing Address:

FEI Number: 59-3468942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RON
6815 CONLEY DR.
POLK CITY, FL 338689367 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: DP
Name: SMITH, RON
Address: 6815 CONLEY DR
City-St-Zip: POLK CITY, FL 338689367

Title: DST
Name: SMITH, LESLEY
Address: 6815 CONLEY DR.
City-St-Zip: POLK CITY, FL 338689367

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: RON SMITH

MR

04/30/2012

Electronic Signature of Signing Officer or Director

Date