

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45689

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** RISCORP MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1924 SOUTH OSPREY AVENUE  
SUITE 204  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

7365 POINT OF ROCKS ROAD  
SARASOTA, FL 34242 US

**Current Mailing Address:**

PO BOX 3559  
SARASOTA, FL 34230 US

**New Mailing Address:**

FEI Number: 65-0343939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRIFFIN, WILLIAM D.  
1924 S. OSPREY AVENUE  
SUITE 204  
SARASOTA, FL 34239 US

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

GRIFFIN, WILLIAM D.  
7365 POINT OF ROCKS ROAD  
SARASOTA, FL 34242 US

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

04/30/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GRIFFIN, CHARLOTTE K  
Address: 7365 POINT OF ROCKS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: DVPT  
Name: GRIFFIN, JOHN-FORD  
Address: 7365 POINT OF ROCKS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: DVPS  
Name: GRIFFIN, ANNA F  
Address: 7365 POINT OF ROCKS ROAD  
City-St-Zip: SARASOTA, FL 34242

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: CHARLOTTE K. GRIFFIN

Electronic Signature of Signing Officer or Director

PRES

04/30/2012

Date