

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004650

Entity Name: RH. RELIABLE SOLUTIONS INC, FOR SSA BENEFICIARIES**Current Principal Place of Business:**2375 50TH STREET NORTH
ST PETERSBURG, FL 33710**Current Mailing Address:**P.O. BOX 11651
ST. PETERSBURG, FL 33710**FEI Number: 80-0411891****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HADZEMA, RICHARD II
2375 50TH STREET NORTH
ST PETERSBURG, FL 33710 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_____
Date**Officer/Director Detail :**

Title	PD
Name	HADZEMA, RICHARD II
Address	6364 29TH STREET NORTH
City-State-Zip:	ST PETERSBURG FL 33702

Title	TD
Name	HADZEMA, RICHARD JII
Address	6364 29TH STREET NORTH
City-State-Zip:	ST PETERSBURG FL 33702

Title	D
Name	MATTHEWS, TRACI R
Address	4747 WEST WATERS AVE
City-State-Zip:	TAMPA FL 33614

Title	VSD
Name	FRAZIER, LOUISE
Address	1511 15TH STREET SOUTH
City-State-Zip:	ST PETERSBURG FL 33705

Title	D
Name	PEREZ, TERESA
Address	6364 29TH STREET N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	D
Name	HADZEMA, RICHARD I
Address	805 DARWOOD TEMPLE
City-State-Zip:	TEMPLE TERRAC FL 33617

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD HADZEMA**CEO****04/22/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date