

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002821

**Entity Name:** APPLIED MEDICO-LEGAL SOLUTION RISK RETENTION GROUP, INC.**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**5343621263CC****Current Principal Place of Business:**1090 S. GILBERT RD  
SUITE 106-128  
GILBERT, AZ 85296**Current Mailing Address:**10 CADILLAC DRIVE, SUITE 340  
PO BOX 19640  
BRENTWOOD, IN 37027 US**FEI Number: 81-0603029****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LUQUE, TINA  
1001 BRICKELL BAY DRIVE, SUITE 1000  
MIAMI, FL 33131 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      PRESIDENT, DIRECTOR  
Name      WELCH, RICHARD B  
Address    1090 S. GILBERT RD  
             SUITE 106-128  
City-State-Zip: GILBERT AZ 85296Title      DIRECTOR, SECRETARY  
Name      SHAPIRO, STEVEN M  
Address    1090 S. GILBERT RD  
             SUITE 106-128  
City-State-Zip: GILBERT AZ 85296Title      TREASURER  
Name      BRAGA, ROMULO  
Address    1090 S. GILBERT RD  
             SUITE 106-128  
City-State-Zip: GILBERT AZ 85296Title      DIRECTOR  
Name      RIELLY, PHILIP  
Address    1090 S. GILBERT RD  
             SUITE 106-128  
City-State-Zip: GILBERT AZ 85296Title      DIRECTOR  
Name      MOON MD, HARRY  
Address    1090 S. GILBERT RD  
             SUITE 106-128  
City-State-Zip: GILBERT AZ 85296Title      DIRECTOR  
Name      KLEINMAN MD, JOSEPH H  
Address    1090 S. GILBERT RD  
             SUITE 106-128  
City-State-Zip: GILBERT AZ 85296

*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: ROMULO BRAGA****TREASURER****04/26/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date