

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002821

**Entity Name:** APPLIED MEDICO-LEGAL SOLUTION RISK RETENTION GROUP, INC.**Current Principal Place of Business:**2555 E CAMELBACK RD SUITE 700  
PHOENIX, AZ 85016**Current Mailing Address:**2555 E CAMELBACK RD SUITE 700  
PHOENIX, AZ 85016**FEI Number: 81-0603029****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILCOX, JANETTE  
13901 SUTTON PARK DR S BLDG C SUITE 360  
JACKSONVILLE, FL 32224 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	DP
Name	WELCH, RICHARD B
Address	2555 E CAMELBACK RD SUITE 700
City-State-Zip:	PHOENIX AZ 85016

Title	T
Name	JOY, PETER A
Address	2555 E CAMELBACK RD SUITE 700
City-State-Zip:	PHOENIX AZ 85016

Title	D
Name	HEIGHTEN, CLAY
Address	2555 E CAMELBACK RD SUITE 700
City-State-Zip:	PHOENIX AZ 85016

Title	DS
Name	SHAPIRO, STEVEN M
Address	2555 E CAMELBACK RD SUITE 700
City-State-Zip:	PHOENIX AZ 85016

Title	D
Name	MCGOWAN, GREGORY E
Address	2555 E CAMELBACK RD SUITE 700
City-State-Zip:	PHOENIX AZ 85016

Title	D
Name	LEFKOWSKI, STEPHANIE
Address	2555 E CAMELBACK RD SUITE 700
City-State-Zip:	PHOENIX AZ 85016

*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: PETER JOY****TREASURER****02/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date