

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212543379

1.) CORPORATION NAME:

MANAGED CARE RISK SERVICES, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

REGISTERED AGENT SOLUTIONS, INC.

**7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1514217**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 Crown Colony Dr.
Suite 203

CITY/ST/ZIP: Quincy, MA 02169

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL A LINDBERG		
TITLE:	PRESIDENT		
ADDRESS:	300 CROWN COLONY DRIVE SUITE 203 QUINCY, MA 02169		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT A MILLERICK		
TITLE:	SECRETARY		
ADDRESS:	300 CROWN COLONY DRIVE SUITE 203 QUINCY, MA 02169		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAMELA OCHS-PIASECKI		
TITLE:	TREASURER		
ADDRESS:	300 CROWN COLONY DRIVE SUITE 230 QUINCY, MA 02169		
CITY/ST/ZIP/CO:			

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MICHAEL A LINDBERG</u>	<u>MICHAEL A LINDBERG,</u>	<u>11/9/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.