

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martínez
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR - 7 PM 2:10

DOCUMENT # V57777

(7)

1. Corporation Name:

R & R MEDICAL CARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
21		22	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23		24	
City & State		City & State	
Zip	County	Zip	Country
24	25	26	27
27	28	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/12/1992	3a. Date of Last Report 02/03/1994
4. FEI Number 65-0352209	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

RODRIGUEZ, OFELIA L
RODRIGUEZ, OFELIA L
6270 PENT PLACE
MIAMI LAKES FL 33104

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, OFELIA L	12 NAME	
STREET ADDRESS	6270 PENT PLACE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	14 CITY ST ZIP	
102	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, NOEMY O	22 NAME	
STREET ADDRESS	7145 W 3RD COURT 8461 NW 197 TERR	23 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL MIAMI, FLA 33015	24 CITY ST ZIP	
103		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
104		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
105		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
106		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and validity as if I were an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

Rodriguez, Ofelia L.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/94 *1/27/94*