

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000003783

Entity Name: RMD ASSOCIATES, INC.

FILED
Sep 09, 2008
Secretary of State

Current Principal Place of Business:

105 ESWORTH PLACE N.
POTOMAC, MD 20878

New Principal Place of Business:

Current Mailing Address:

105 ESWORTH PLACE N.
POTOMAC, MD 20878

New Mailing Address:

FEI Number: 20-4033428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

FOSTER, MATTHEW J
202 SOUTH ROME AVENUE
SUITE 100
TAMPA, FL 33606 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: MATTHEW J FOSTER

09/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: DORFMAN, ROBERT M
Address: 105 ESWORTH PLACE N.
City-St-Zip: POTOMAC, MD 20878

Title: D () Delete
Name: DORFMAN, MARLENE A
Address: 105 ESWORTH PLACE N.
City-St-Zip: POTOMAC, MD 20878

Title: VD () Delete
Name: DORFMAN, MARC D
Address: 514 JACALA TERR.
City-St-Zip: ROCKVILLE, MD 20850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT DORFMAN

P

09/09/2008

Electronic Signature of Signing Officer or Director

Date