

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90005 022 \*\*\*150.00

<b>DOCUMENT # K25489</b>					
1. Entity Name RHEIN MEDICAL, INC.					
Principal Place of Business 5460 BEAUMONT CNTR BLVD STE 500 TAMPA, FL 33634			Mailing Address 5460 BEAUMONT CNTR BLVD. STE. 500 TAMPA, FL 33634		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2902584	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEE, JOHN A 5460 BEAUMONT CNTR BLVD STE 500 TAMPA, FL 33634			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTDC	<input type="checkbox"/> Delete	TITLE	PTDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEE, JOHN A.		NAME	BEE, JOHN A	
STREET ADDRESS	3948 VERSAILLES DRIVE		STREET ADDRESS	224 4TH AVENUE NORTH	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHAM, CARL E.		NAME		
STREET ADDRESS	2387 HILLCREEK CIRCLE E.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, DAVID S.		NAME		
STREET ADDRESS	5110 EISENHOWER BLVD 220		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, JAMES P.		NAME		
STREET ADDRESS	157 GROVE STREET		STREET ADDRESS		
CITY-ST-ZIP	WESTWOOD, MA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, STEPHEN J.		NAME		
STREET ADDRESS	1150 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	NEWTON, MA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		JOHN A. BEE		3/1/06 (813) 885-5050	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	