

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25489

FILED
Apr 26, 2010
Secretary of State

Entity Name: RHEIN MEDICAL, INC.

Current Principal Place of Business:

5460 BEAUMONT CNTR BLVD
STE 500
TAMPA, FL 33634

New Principal Place of Business:

3360 SCHERER DRIVE
SUITE B
ST. PETERSBURG, FL 33716

Current Mailing Address:

5460 BEAUMONT CNTR BLVD.
STE. 500
TAMPA, FL 33634

New Mailing Address:

3360 SCHERER DRIVE
SUITE B
ST. PETERSBURG, FL 33716

FEI Number: 59-2902584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEE, JOHN A
5460 BEAUMONT CNTR BLVD
STE 500
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTDC
Name: BEE, JOHN A.
Address: 224 4TH AVE. N.
City-St-Zip: TIERRA VERDE, FL 33715

Title: VD
Name: WORTHAM, CARL E.
Address: 2387 HILLCREEK CIRCLE E.
City-St-Zip: CLEARWATER, FL

Title: SD
Name: RODRIGUEZ, DAVID S.
Address: 5110 EISENHOWER BLVD 220
City-St-Zip: TAMPA, FL

Title: D
Name: NOLAN, JAMES P.
Address: 157 GROVE STREET
City-St-Zip: WESTWOOD, MA

Title: D
Name: O'NEILL, STEPHEN J.
Address: 1150 WALNUT STREET
City-St-Zip: NEWTON, MA

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: JOHN BEE

PTDC

04/26/2010

Electronic Signature of Signing Officer or Director

_____ Date