## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25489

Entity Name: RHEIN MEDICAL, INC.

FILED Jan 09, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3360 SCHERER DRIVE 3360 SCHERER DRIVE

SUITE B SUITE B

ST. PETERSBURG, FL 33716 ST PETERSBURG, FL 33716

**Current Mailing Address: New Mailing Address:** 

3360 SCHERER DRIVE 3360 SCHERER DRIVE

SUITE B SUITE B

ST. PETERSBURG, FL 33716 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: Name and Address of New Registered Agent:

BEE, JOHN A BEE, JOHN A

3360 SCHERER DRIVE 5460 BEAUMONT CNTR BLVD

SUTIE B STE 500

TAMPA, FL 33634 US ST PETERSBURG, FL 33716 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: DAVID COONS 01/09/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PTDC

Name: BEE, JOHN A. 224 4TH AVE. N. Address:

City-St-Zip: TIERRA VERDE, FL 33715

Title: VD

WORTHAM, CARL E. Name: 2387 HILLCREEK CIRCLE E. Address:

CLEARWATER, FL City-St-Zip:

Title: SD

RODRIGUEZ, DAVID S. Name: 5110 EISENHOWER BLVD 220 Address:

City-St-Zip: TAMPA, FL

Title:

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

Title:

O'NEILL, STEPHEN J. Name: 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: DAVID COONS **CFO** 01/09/2012