


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90236 018 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # L84840 1. Entity Name R & D MEDICAL SERVICES, P.A.					
Principal Place of Business 1006 W. PLEASANT ST AVON PARK, FL 33825 US			Mailing Address 1006 W. PLEASANT ST AVON PARK, FL 33825 US		
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 59-3017718	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GELDART, DONALD B MD 1006 W. PLEASANT ST AVON PARK, FL 33825				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	P GELDART, DONALD B. 1006 W PLEASANT ST AVON PARK, FL 33825		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

14008634



04262005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3017718

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**GELDART, DONALD B MD
 1006 W. PLEASANT ST
 AVON PARK, FL 33825**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

P

GELDART, DONALD B.
1006 W PLEASANT ST
AVON PARK, FL 33825

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (863) 453-3121
 Date Daytime Phone #