


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000006544  
 1. Entity Name  
**R-GROUP INTERNATIONAL MEDICAL RESEARCH GROUP, INC.**



Principal Place of Business 2321 NORTH WEST 66TH COURT GAINESVILLE, FL 32653	Mailing Address 2321 NORTH WEST 66TH COURT GAINESVILLE, FL 32653
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05022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 48-1269297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KAHN, DARREN F**  
 2321 NORTH WEST 66TH COURT  
 GAINESVILLE, FL 32653

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, DARREN P.O. BOX 357235 GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, HENRY J P.O. BOX 357235 GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, NOREEN J P.O. BOX 357235 GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000361301  
 05/05/05-80071-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Darren F. Kahn* Date \_\_\_\_\_ Daytime Phone # (352) 378 3633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR