


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

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

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| Principal Place of Business 2321 NORTH WEST 66TH COURT GAINESVILLE, FL 32653 | Mailing Address 2321 NORTH WEST 66TH COURT GAINESVILLE, FL 32653 |
|--|--|

DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

| | |
|----------------------------------|--|
| 4. FEI Number 48-1269297 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 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 May 1, 2007

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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000752500
 05/21/07-80018-026 70.00

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 617, 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: *Darren Kahn* **DARREN KAHN** 4-27-07 352-378-3633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #