2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000020706

1. Entity Name

RLM HEALTHCARE MARKETING & CONSULTING, INC.



Principal Place of Business

1486 BELLEAIR RD CLEARWATER, FL 33756 Mailing Address

1486 BELLEAIR RD CLEARWATER, FL 33756

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90144 021 ***150.00

41.



DO NOT WRITE IN THIS SPACE

03242008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3626263 Not Applicable

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

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K 401 S. LINCOLN AVE. CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10 | | | | | • | S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | *** |
|--|---------------------------------------|---|----------------------------------|--|---|---|-----------------|
| After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10. OFFI | | | urpose of changing its registere | ed office or re | egistered agent, or both, in the S | State of Florida. I am familiar w | ith, and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10. MORRISON, ROBIN L SINEET AUDRESS CITY-ST-2P ITILE NAME SIREET AUDRESS SIR | SIGNATURE_ | | | | | | |
| After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11TLE D MORRISON, ROBIN L 1486 BELLEAIR RD CITY-SI-ZIP CLEARWATER, FL 33756 11TLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADR | | Signature, typed or printed name or registered agent and title if | appacable. (NOTE: Registered | a Agent signature | required when reinstating) | UATE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | FILE HOWIN FEE 13 \$ 130.00 | | | | \$5.00 May Be Added to Fees | • | |
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| NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | | | IN THIS | SSPACE | * |
| NAME STREET ADDRESS | NAME STREET ADDRESS | | | | | | - , |
| 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 | NAME STREET ADDRESS CITY-ST-ZIP | | | | | A April | |

12. I nereby certify that the information supplied with this filling does not quality 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 reserver 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

727-447-4756

Daytime Phone #