## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000092962

City-St-Zip: NORTH PALM BEACH, FL 33408

Entity Name: R.L.J. MEDICAL, INC.

FILED Aug 11, 2008 Secretary of State

Entity Nai	me: R.L.J. ME	EDICAL, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
378 NORTHLAKE BLVD #189 NORTH PALM BEACH, FL 33408 US				2000 PRESIDENTIAL WAY SUITE 2003 WEST PALM BEACH, FL 33401 US		
Current Mailing Address:				New Mailing Address:		
# 189 LAKE PAR	THLAKE BLVD RK, FL 33408 : <b>65-1043830</b>	FEI Number Applied For()	FEI Nun	2000 PRESIDENTIAL \ SUITE 2003 WEST PALM BEACH, nber Not Applicable ( )	FL 33401	US e of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
#189 NORTH PA	THLAKE BLVD ALM BEACH, I					
	e named entity : e of Florida.	submits this statement for the p	purpose o	f changing its registered	l office or re	gistered agent, or both,
SIGNATU	RE:					
	Electror	nic Signature of Registered Ag	ent			oate
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PSTD ( ) NELSON, LEE 2910 OAK LAN BRADENTON, I	E		Title: Name: Address: City-St-Zip:	() Change(	) Addition
Title: Name: Address:	D ( ) NELSON, R B 378 NORTHLAI	) Delete KE BLVD # 189		Title: Name: Address:	()Change(	) Addition

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT B NELSON D 08/11/2008