

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063863

Entity Name: R & P MEDICAL GROUP INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

3970 S.W. 67TH AVE.
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

3970 S.W. 67TH AVE.
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 90-0156070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZERQUERA, PABLO PS
3970 S.W. 67TH AVE.
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

ZERQUERA, PABLO PD
3970 S.W. 67TH AVE.
MIAMI, FL 33155 US

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.

SIGNATURE: PABLO ZERQUERA

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: ZERQUERA, PABLO
Address: 3970 SW 67 AVE
City-St-Zip: MIAMI, FL 33155

Title: PTD () Delete
Name: SUAREZ, IRENE E
Address: 3970 SW 67 AVE
City-St-Zip: MIAMI, FL 33155

Title: S () Delete
Name: RAMALLO, MAYRA R
Address: 13876 SW 56 ST SUITE 462
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZERQUERA, PABLO
Address: 3970 SW 67 AVE
City-St-Zip: MIAMI, FL 33155

Title: T (X) Change () Addition
Name: SUAREZ, IRENE E
Address: 3970 SW 67 AVE
City-St-Zip: MIAMI, FL 33155

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: DOMINGUEZ, LIARYS
Address: 3160 SW 139 AVE
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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: PABLO ZERQUERA

PD

01/08/2007

Electronic Signature of Signing Officer or Director

Date