

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081564

**FILED**  
**Jan 09, 2006**  
**Secretary of State**

**Entity Name:** R AND R HEALTHCARE COMMUNICATIONS, INC.

**Current Principal Place of Business:**

8225 STATE ROAD 54  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

630 BROOKER CREEK BLVD.  
SUITE 300  
OLDSMAR, FL 34677

**Current Mailing Address:**

8225 STATE ROAD 54  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

630 BROOKER CREEK BLVD.  
SUITE 300  
OLDSMAR, FL 34677

**FEI Number:** 59-3741800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REISS, KENNETH  
8225 STATE ROAD 54  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

REISS, KENNETH  
630 BROOKER CREEK BLVD.  
SUITE 300  
OLDSMAR, FL 34677 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: KENNETH REISS

01/09/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: REISS, KENNETH  
Address: 8225 STATE ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: P ( ) Delete  
Name: ROTH, LAWRENCE  
Address: 8225 STATE ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: REISS, KENNETH  
Address: 630 BROOKER CREEK BLVD. SUITE 300  
City-St-Zip: OLDSMAR, FL 34677

Title: P (X) Change ( ) Addition  
Name: ROTH, LAWRENCE  
Address: 630 BROOKER CREEK BLVD. SUITE 300  
City-St-Zip: OLDSMAR, FL 34677

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: KENNETH REISS

VP

01/09/2006

Electronic Signature of Signing Officer or Director

Date