2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P01000081564

Entity Name: R AND R HEALTHCARE COMMUNICATIONS, INC.

Current Principal Place of Business:

630 BROOKER CREEK BLVD.
SUITE 300
OLDSMAR, FL 34677

New Principal Place of Business:

630 BROOKER CREEK BLVD.
SUITE 300
OLDSMAR, FL 34677 US

Current Mailing Address:

630 BROOKER CREEK BLVD.
SUITE 300
OLDSMAR, FL 34677

New Mailing Address:

630 BROOKER CREEK BLVD.
SUITE 300
OLDSMAR, FL 34677 US

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
630 BROOKER CREEK BLVD.
SUITE 300
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

ROTH, LAWRENCE
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: LAWRENCE ROTH 04/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: LAWRENCE ROTH PSTD 04/22/2008
Electronic Signature of Signing Officer or Director Date