2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004
Secretary of State

DOCUMENT# P01000116005

Entity Name: RMA MEDICAL SERVICES, INC.

Current Principal Place of Business:

2061 N W 2ND AVENUE
SUITE 106
BOCA RATON, FL 33431

New Principal Place of Business:

2061 N W 2ND AVENUE
SUITE 201
BOCA RATON, FL 33431

Current Mailing Address:

2061 N W 2ND AVENUE
SUITE 106
BOCA RATON, FL 33431

New Mailing Address:

2061 N W 2ND AVENUE
SUITE 201
BOCA RATON, FL 33431

FEI Number: 65-1158101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH D
250 S W 15TH AVENUE
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

DI CAPUA, JOSEPH J
250 S W 15TH AVENUE
BOCA RATON, FL 33486 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: JOSEPH J. DI CAPUA 03/26/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DI CAPUA, JOSEPH D
Address: 250 S W 15TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD ( ) Change (X) Addition
Name: SMETS, MICHAEL
Address: 2295 S UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: PD ( ) Change (X) Addition
Name: GONZALEZ, MANUEL
Address: 2295 S UNIVERSITY DRTIVE
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH J. DI CAPUA PD 03/26/2004
Electronic Signature of Signing Officer or Director Date