

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116005

Entity Name: RMA MEDICAL SERVICES, INC.

FILED  
Jan 11, 2006  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

7800 W OAKLAND BLVD.  
E-214  
SUNRISE, FL 33351

## Current Mailing Address:

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

## New Mailing Address:

7800 W OAKLAND PARK BLVD.  
E-214  
SUNRISE, FL 33351

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 J  
250 S W 15TH AVENUE  
BOCA RATON, FL 33486 US

## Name and Address of New Registered Agent:

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:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOSEPH J. DI CAPUA

Electronic Signature of Signing Officer or Director

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01/11/2006

Date