2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 106

2061 N W 2ND AVENUE

P01000116005 **DOCUMENT#**

1. Entity Name

SUITE 106

Principal Place of Business

2061 N W 2ND AVENUE

RMA MEDICAL SERVICES, INC.



FILED Mar 26, 2003 8:00 am g Secretary of State

03-26-2003 90173 002 ***150.00

BOCA RATO	TON FL 33431 BOCA RATON FL 33431			A PARTIKARA INI ARTAR ATAN ARAN ARAN ARAN MARA MARA AMIN ARAN ARAN ARAN ARAN ARAN					
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address				CHECK HERE IF MAKING CHANGES			
		Suite, Apt. #, etc.							
City & Sta	ate	City & State		4.	0371138101		Applied For		
Zip	Zip Country Zip		Country		5, (Certificate of Status Desired	\$8.75 Ac	Not Applicable	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			ea		
				Name		Take the stadious of their stagistere	u Agent		
DI CAPU	A, JOSEPH D								
250 S W	15TH AVENUE		ľ	Street Address (P.O. Box Number is Not Acceptable)					
BOCA RA	ATON FL 33486								
			_						
				City		F	Zip Cod	de	
8. The abov	e named entity submits this statement fo	r the purpose of chang	ging its registered	d office or regis	tered and	ent or both in the State of Florida Lo	on formalian militar		
the obliga	tions of registered agent.				no co aga	chit or both, in the State of Florida. Ta	n iamiliar with	, and accept	
SIGNATURE	•								
SIGIVATURE	Signature, typed or printed name of registered agent a	ind title if applicable.	(NOTE: Registered A	Agent signature regu	ired when mi	ingtotical			
٠ .	THE MOUNT FEE IS 6450.00	<u> </u>				instating) DATE		<u> </u>	
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing	6 E (<u>-</u>	
Make Chec	k Payable to Florida Department of	State			i	Trust Fund Contribution.	J.C¢	00 May Be d to Fees	
10.									
	PD OFFICERS AND		11.		ADI	DITIONS/CHANGES TO OFFICERS AI	ID DIRECTOR	S IN 11	
TITLE NAME	DI CAPUA, JOSEPH D	☐ Delete	e TITLE				☐ Change	☐ Addition	
STREET ADDRESS	250 S W 15TH AVENUE		NAME	1				_	
CITY-ST-ZIP	BOCA RATON FL 33486			ADDRESS					
	DOOM NATOR 1E 33400		CITY-S	T-ZIP				i	
TITLE		Delete	TITLE				☐ Change	☐ Addition	
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TITLE		Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
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CITY-ST-ZIP				ADDRESS					
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TITLE		☐ Delete	TITLE				☐ Change	Addition	
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			CITY-ST	-ZIP					
TITLE		Delete	TITLE				☐ Change	☐ Addition	
NAME Street address			NAME						
CITY-ST-ZIP			STREET A	II.					
			CITY-ST-	-ZIP]	
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NAME STREET ADDRESS			NAME				_ •		
STREET ADDRESS CITY-ST-ZIP			STREET A	i					
U) ZII			CITY-ST-	·ZIP					

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

121-347-2446

Date