


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90248 002 ***150.00

DOCUMENT # P02000000150	
1. Entity Name R.G. MEDICAL SUPPLIES, INC.	

Principal Place of Business 841 WEST 67TH STREET HIALEAH, FL 33012	Mailing Address 841 WEST 67TH STREET HIALEAH, FL 33012
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14022499

2. Principal Place of Business 1765 E 4 AVE Suite, Apt. #, etc. 105 City & State HIALEAH, FLORIDA Zip 33010 Country USA	3. Mailing Address 2118 NW 1 TERRACE Suite, Apt. #, etc. City & State MIAMI, FLORIDA Zip 33125 Country USA
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04302004 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 80-0005391	
Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, J. EVERETT ESQ. 2151 LEJEUNE RD. MIAMI, FL 33134	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LISCA, JORGE 2118 NW 1 TERR. MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE: JORGE LISCA - President 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #