


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000011029  
1. Entity Name  
RGI MEDICAL MANUFACTURING, INC.



Principal Place of Business      Mailing Address  
7647 N.W. 36TH AVE      7647 N.W. 36TH AVE  
GAINESVILLE, FL 32606      GAINESVILLE, FL 32606

**DO NOT WRITE IN THIS SPACE**



05022005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
51-0438322      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
KAHN, KERRY ANNE  
7647 N.W. 36TH AVE  
GAINESVILLE, FL 32606

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

U00000359626  
05/04/05-80161-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAHN, HENRY J
STREET ADDRESS	PO BOX 358411
CITY - ST - ZIP	GAINESVILLE, FL 32635
TITLE	D
NAME	KAHN, DARREN
STREET ADDRESS	PO BOX 358411
CITY - ST - ZIP	GAINESVILLE, FL 32635
TITLE	D
NAME	KAHN, NOREEN J
STREET ADDRESS	PO BOX 358411
CITY - ST - ZIP	GAINESVILLE, FL 32635
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 with an address, with all other like empowered.

SIGNATURE: Kerry A Kahan      Date: \_\_\_\_\_      Daytime Phone #: 352-378-3633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR