
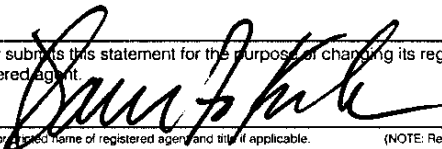
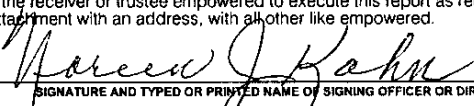


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90196 012 \*\*\*158.75

<b>DOCUMENT # P02000011029</b> 1. Entity Name <b>RGI MEDICAL MANUFACTURING, INC.</b>					
Principal Place of Business <b>7647 N.W. 36TH AVE</b> <b>GAINESVILLE, FL 32606</b>			Mailing Address <b>7647 N.W. 36TH AVE</b> <b>GAINESVILLE, FL 32606</b>		
2. Principal Place of Business <b>2321 NW 66TH COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 358411</b> Suite, Apt. #, etc.			
City & State <b>GAINESVILLE FL</b> Zip <b>32653</b> Country <b>USA</b>		City & State <b>GAINESVILLE FL</b> Zip <b>32635</b> Country <b>USA</b>		4. FEI Number <b>51-0438322</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KAHN, KERRY ANNE</b> <b>7647 N.W. 36TH AVE</b> <b>GAINESVILLE, FL 32606</b>				7. Name and Address of New Registered Agent Name <b>DARREN F. KAHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2321 NW 66TH COURT</b> City <b>GAINESVILLE FL</b> Zip Code <b>32653</b>	
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 <b>4/27/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, HENRY J PO BOX 358411 GAINESVILLE, FL 32635	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, DARREN PO BOX 358411 GAINESVILLE, FL 32635	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, NOREEN J PO BOX 358411 GAINESVILLE, FL 32635	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date <b>4-27-06</b> Daytime Phone #	