

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000024006

1. Entity Name
R AND F MEDICS CARE, INC.



Principal Place of Business
**2446 NURSERY ROAD
CLEARWATER, FL 33764**

Mailing Address
**2446 NURSERY ROAD
CLEARWATER, FL 33764**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0630128

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
RIVERA, NILDA F
2446 NURSERY ROAD
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000258808
03/10/05-80056-011 163.75

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IN THIS SPACE**

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 *Nilda F. Rivera*
NILDA F. RIVERA

1-14-05

727-536-1082

SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

DATE

DAYTIME PHONE