FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90012 018 ***150.00

DOCUMENT # P02000024137

1. Entity Name
R & D MEDICAL, INC.

DO NOT WRITE IN THIS SPACE

44016783

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2. Principal Place of Business	3. Mailing Address
1418 HERNANDES DR.	1418 HERNANDES DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32808 Country: ORANGE	Zip: 32808 Country: ORANGE

4. FEI Number: 75-3031132 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: H.S. LEVELLE

Street Address (P.O. Box Number is Not Acceptable): 1418 HERNANDES DR

City: ORLANDO FL Zip Code: 32808

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	D, P & T H.S. LEVELLE 1418 HERNANDES DR ORLANDO, FL 32808
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	K.L. LEVELLE D.V.P. 1418 HERNANDES DR ORLANDO, FL 32805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, D EMERSON NOBEL 1418 HERNANDES DR, ORL 32805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: H.S. Levelle H.S. LEVELLE 3/12/04 407-298-5685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Name & Address	Title
LEVELLE, H.S. 1418 HERNANDES DRIVE ORLANDO FL 32808	DPST
NOBLE, EMERSON 1418 HERNANDES DRIVE ORLANDO FL 32808	DS
LEVELLE, KATHY 1418 HERNANDES DRIVE ORLANDO FL 32808	DVP