FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2005 8:00 am
Secretary of State
05-19-2005 90046 003 ***150.00

DOCUMENT # P02 000021137

1. Entity Name
R & D Medical, ~~Corp~~ Inc

DO NOT WRITE IN THIS SPACE

40084898

2. Principal Place of Business	3. Mailing Address
1918 Aspen Ridge Ct.	P.O Box 483
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocoee, FL	City & State: Pikeville, TN 37367
Zip: 34761 Country: Orange	Zip: 37367 Bledsoe

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: H.S. Levelle / % LG Conte
Street Address (P.O. Box Number is not acceptable): 700 Woodbridge Pl
City: Longwood FL Zip Code: 32750

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 of registered agent or officer if registered agent is a corporation — NOTE: Registered Agent signature required on this paragraph — 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	DIR / PRESIDENT / TREAS. H.S. Levelle 27 Cherith Cr. Pikeville, TN 37367	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR / V. PRESIDENT K.L. Levelle 27 Cherith Cr. Pikeville, TN 37367	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR / SECRETARY Emerson Noble 700 Woodbridge Pl Longwood, FL 32750	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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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 PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #