

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91786 016 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048913

1. Entity Name

R & S MEDICAL SERVICES GROUP, INC



DO NOT WRITE IN THIS SPACE

11041685

2. Principal Place of Business

6001 NW. 153 ST

3. Mailing Address

6001 NW. 153 ST

Suite, Apt. #, etc.

STE 122

Suite, Apt. #, etc.

STE 122

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

4. FEI Number

30-0073835

Applied For

Not Applicable

Zip

33014

Country

MIAMI DADE

Zip

33014

Country

MIAMI DADE

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

7. Name and Address of Current Registered Agent

Name

RAUL RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

7191 W. 26TH AVE. # 16

City

HIALEAH

FL

Zip Code 33016

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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

Signature, typed or printed name of registered agent and UBR is applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/03

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
PDVST	RAUL RODRIGUEZ	7191 W. 26TH AVE # 16	HIALEAH, FL 33016
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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IN THIS SPACE

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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 786-586-2557

Date

Daytime Phone #

CR2E034B (12/02)