



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90081 017 ***150.00

DOCUMENT # P03000002788 1. Entity Name R.C.R. MEDICAL CORPORATION																													
Principal Place of Business 9600 KOGER BLVD NORTH SUITE 240 PO BOX 20522 ST.PETERSBURG, FL 33742-0522			Mailing Address 9600 KOGER BLVD NORTH SUITE 240 PO BOX 20522 ST.PETERSBURG, FL 33742-0522																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 61-1439453			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent RICHARDSON, ROBERT C II 9600 KOGER BLVD NORTH SUITE 240 PO BOX 20522 ST PETERSBURG, FL 33742-0522			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICHARDSON, ROBERT C II</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9600 KOGER BLVD NORTH, SUITE 240</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETERSBURG, FL 337420522</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	RICHARDSON, ROBERT C II		STREET ADDRESS	9600 KOGER BLVD NORTH, SUITE 240		CITY-ST-ZIP	ST PETERSBURG, FL 337420522		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 1-31-06 Daytime Phone #: 727-548-8283																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													