2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90018 038 ***150.00

DOCUMENT # P03000067723

1. Entity Name
RMG ART LABORATORIES, INC.

Principal Place of Business	Mailing Address
2919 SWANN AVENUE SUITE 305 TAMPA FL 33609	5245 E. FLETCHER AVE. SU 1 TAMPA FL 33617

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-3121219 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIEF, FRANK J III
442 W. KENNEDY BOULEVARD
SUITE 340
TAMPA FL 33606

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D VERKAUF, BARRY S M.D. 2919 SWANN AVENUE #305 TAMPA FL 33609	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BERNHISEL, MARC A M.D. 2919 SWANN AVENUE #305 TAMPA FL 33609	☐ Delete	P Bernhisel, Marc A. MD 5245 E Fletcher Ave #1 Tampa FL 33617	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TARANTINO, SAMUEL M.D. 2919 SWANN AVENUE #305 TAMPA FL 33609	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GOODMAN, SANDRA B M.D. 2919 SWANN AVENUE #305 TAMPA FL 33609	☐ Delete	VP Goodman, Sandra B. MD 5245 E Fletcher Ave #1 Tampa, FL 33617	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D YEKO, TIMOTHY R M.D. 2919 SWANN AVENUE #305 TAMPA FL 33609	☐ Delete	S/T Yeko, Timothy R. MD 5245 E Fletcher Ave #1 Tampa FL 33617	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Samuel Tarantino MD 2/7/07 813-676-8863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #