2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90195 024 ***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 SUITE 2 TAMPA FL 33617

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5245 E. Fletcher Ave	[redacted]
Suite, Apt. #, etc. [redacted], Su. 2	Suite, Apt. #, etc.
City & State Tampa, FL	City & State
Zip 33617 Country US	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	7. Name and Address of New Registered Agent
RIEF, FRANK J III 442 W. KENNEDY BOULEVARD SUITE 340 TAMPA FL 33606	Name: Marc A. Bernhisel, MD Street Address (P.O. Box Number is Not Acceptable): 5245 E. Fletcher Ave. Su-1 City: Tampa FL Zip Code: 33617

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: Marc A. Bernhisel, MD, President — Marc A Bernhisel MD 2/21/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERNHISEL, MARC A M.D.		NAME		
STREET ADDRESS	5245 E. FLETCHER AVE., 1		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TARANTINO, SAMUEL M.D.		NAME		
STREET ADDRESS	2919 SWANN AVENUE #305		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOODMAN, SANDRA B M.D.		NAME		
STREET ADDRESS	5245 E. FLETCHER AVE., 1		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YEKO, TIMOTHY R M.D.		NAME		
STREET ADDRESS	5245 E. FLETCHER AVE., 1		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Marc A Bernhisel MD 2/21/08 813-914-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Marc A. Bernhisel, MD