## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000035089

Name:

Address:

City-St-Zip:

SCHWIBNER, BARRY H M.D.

BOCA RATON, FL 33487 US

3775 MYKONOS COURT

Entity Name: RFS HEALTH SCIENCES, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:		
565 JEFFE #115	ERSON DRIVE	≣					
	D BEACH, FL	33442	US				
Current Mailing Address:				New Mailing Address	New Mailing Address:		
565 JEFFE #115	ERSON DRIVE	Ξ					
	.D BEACH, FL	33442	US				
FEI Number	: 73-1705630	FEI Num	nber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address o	Name and Address of New Registered Agent:		
#115 DEERFIEL The above	ERSON DRIVE D BEACH, FL named entity e of Florida.	. 33442 L		purpose of changing its registere	d office or registered agent, or both,		
SIGNATUI		: O:t	one of Devices and Ass		D.1.		
Election Car		Ū	ure of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP,T ( FELDMAN, NA 565 JEFFERS DEERFIELD B	ON DRIVE, #		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P ( ROBALLEY, TH 19 GRISTMILL HUNTINGTON,	LANE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title:	S (	) Delete		Title:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NATHAN L. FELDMAN VP,T 04/27/2006