


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000162800**  
 1. Entity Name  
**V & R MEDICAL GROUP, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>6501 NW 36TH STREET<br/>         SUITE 464<br/>         VIRGINIA GARDENS, FL 33166</b> | Mailing Address<br><b>6501 NW 36TH STREET<br/>         SUITE 464<br/>         VIRGINIA GARDENS, FL 33166</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-2452342</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

**CHIRINO, ROLANDO  
 345 WEST 62ND STREET  
 HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

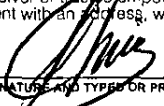
10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>CHIRINO, ROLANDO<br>345 WEST 62 STREET<br>HIALEAH, FL 33012 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE IN THIS SPACE**

U00000709427  
 04/25/07-80003-001-150.00

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  **ROLANDO CHIRINO**  
 PRESIDENT Date **03/23/07** Daytime Phone # **786340706**