2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169853

Entity Name: RIF MEDICAL GROUP, INC.

FILED Feb 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 815 NW 57 AVE SUITE 114 MIAMI, FL 33126 **New Mailing Address: Current Mailing Address:** 815 NW 57 AVE SUITE 114 MIAMI, FL 33126 FEI Number: 20-2087101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERNANDEZ, ADOLFO 815 NW 57 AVE SUITE 114 MIAMI, FL 33126 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: () Delete Title: (X) Change () Addition FERNANDEZ, ADOLFO FERNANDEZ, ADOLFO Name: Name: 7071 SW 47TH STREET, SUITE 1 815 NW 57 AVE SUITE 114 Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33126

Title: VD (X) Delete Title: Name: OTANO, RAFAEL Name: 2547 SW 16 TR Address: Address: MIAMI, FL 33145 City-St-Zip: City-St-Zip:

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.

SIGNATURE: ADOLFO FERNANDEZ **PSD** 02/01/2007