

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133132

Entity Name: RMA TAMPA BAY, INC.

FILED  
Jan 10, 2006  
Secretary of State

## Current Principal Place of Business:

1345 WEST BAY DRIVE  
SUITE 304  
LARGO, FL 33770 US

## New Principal Place of Business:

## Current Mailing Address:

1345 WEST BAY DRIVE  
SUITE 304  
LARGO, FL 33770 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH  
7800 WEST OAKLAND PARK BLVD.  
BUILDING  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

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:

Title: PRES ( ) Delete  
Name: DI CAPUA, JOSEPH  
Address: 1345 WEST BAY DRIVE STE 304  
City-St-Zip: LARGO, FL 33770 US

Title: VP ( ) Delete  
Name: MOLES, STANLEY M.D.  
Address: 1345 WEST BAY DRIVE STE 304  
City-St-Zip: LARGO, FL 33770 US

Title: VP ( ) Delete  
Name: GONZALEZ, MANUEL M.D.  
Address: 1345 WEST BAY DRIVE STE 214  
City-St-Zip: LARGO, FL 33770 US

Title: TREA ( ) Delete  
Name: SMETS, MICHEAL M.D.  
Address: 1345 WEST BAY DRIVE STE 214  
City-St-Zip: LARGO, FL 33770 US

Title: SEC (X) Delete  
Name: OLIVER, WILLIAM  
Address: 1345 WEST BAY DRIVE STE 214  
City-St-Zip: LARGO, FL 33770 US

Title: VP ( ) Delete  
Name: DUDLEY, JEFF  
Address: 1345 WEST BAY DRIVE STE 214  
City-St-Zip: LARGO, FL 33770 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JOSEPH J. DI CAPUA

PRES

01/10/2006

Electronic Signature of Signing Officer or Director

Date