

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90005 014 ***150.00

DOCUMENT # P05000136095 1. Entity Name RPH ON CALL INC.					
Principal Place of Business 30 WATERBLUFF DR. ORMOND BEACH, FL 32174			Mailing Address 30 WATERBLUFF DR. ORMOND BEACH, FL 32174		
2. Principal Place of Business 12001 DR MARTIN L KING JR ST Suite, Apt. #, etc. #2612		3. Mailing Address 12001 DR MARTIN L KING JR ST Suite, Apt. #, etc. #2612			
City & State ST PETERSBURG FL 33716		City & State ST PETERSBURG FL 33716		4. FEI Number 81-0679273	
Zip 33716		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMAN, BRADFORD E 30 WATERBLUFF DR. ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12001 DR MARTIN L KING JR ST #2612 City ST PETERSBURG FL Zip Code 33716		
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOLMAN, BRADFORD E 30 WATERBLUFF DR. ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12001 DR MARTIN L KING JR ST #2612 ST PETERSBURG FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLMAN, THERESA A 30 WATERBLUFF DR. ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12001 DR MARTIN L KING JR ST #2612 ST PETERSBURG FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOLMAN, THERESA A 30 WATERBLUFF DR. ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12001 DR MARTIN L KING JR ST #2612 ST PETERSBURG FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HOLMAN, BRADFORD E 30 WATERBLUFF DR. ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12001 DR MARTIN L KING JR ST #2612 ST PETERSBURG FL 33716	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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: <u>Bradford E Holman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/3/06 727-388-7060 Date Daytime Phone #		

40025563

