

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139831

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** R & G MEDICAL AND DEVELOPMENT CORP.

**Current Principal Place of Business:**

5101 DEER RUN DR.  
FT. PIERCE, FL 34951

**New Principal Place of Business:**

**Current Mailing Address:**

5101 DEER RUN DR.  
FT. PIERCE, FL 34951

**New Mailing Address:**

**FEI Number:** 22-3946391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SAK, ROBERT  
Address: 5101 DEER RUN DR.  
City-St-Zip: FT. PIERCE, FL 34951

Title: EVP  
Name: GERAKARIS, CONSTANTINE  
Address: 5101 DEER RUN DR.  
City-St-Zip: FT. PIERCE, FL 34951

Title: DMR  
Name: CONLEN, DR. RICHARD  
Address: 4317 INTRACOASTAL DR.  
City-St-Zip: BOCA RATON, FL 33431 US

Title: CMD  
Name: DONOHUE, DAWN  
Address: 10066 BOCA PALM DRIVE  
City-St-Zip: BOCA RATON, FL 33498 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SAK

PSTD

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date