

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147919

Entity Name: RGR HEALTH SERVICES, CORP.

FILED
Jan 02, 2007
Secretary of State

Current Principal Place of Business:

9049 NW 117 TERRACE
HIALEAH GARDENS, FL 330184142

New Principal Place of Business:

Current Mailing Address:

9049 NW 117 TERRACE
HIALEAH GARDENS, FL 330184142

New Mailing Address:

FEI Number: 20-5952893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, RAUL F
9049 NW 117 TERRACE
HIALEAH GARDENS, FL 330184142 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: DP () Delete
Name: GONZALEZ, RAUL F
Address: 9049 NW 117 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 330184142

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GONZALEZ, RAUL F
Address: 9049 NW 117 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 330184142

Title: DVS () Change (X) Addition
Name: REYES, CARMEN
Address: 9049 NW 117 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 330184142

Title: OFFI () Change (X) Addition
Name: ELIZABETH, GONZALEZ
Address: 9049 NW 117 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 330184142

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: RAUL F GONZALEZ

DPT

01/02/2007

Electronic Signature of Signing Officer or Director

_____ Date