

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153541

Entity Name: RB HEALTH PARTNERS, INC.

FILED
Jul 26, 2007
Secretary of State

Current Principal Place of Business:

210 S. PINELLAS AVE., SUITE 176
TARPON SPRINGS, FL 34681

New Principal Place of Business:

210 S. PINELLAS AVE.
STE., 176
TARPON SPRINGS, FL 34689

Current Mailing Address:

210 S. PINELLAS AVE., SUITE 176
TARPON SPRINGS, FL 34681

New Mailing Address:

210 S. PINELLAS AVE.
STE., 176
TARPON SPRINGS, FL 34689

FEI Number: 45-0512811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLEIER, ROBIN A
530 TENNESSEE AVE.
CRYSTAL BCH, FL 346811116 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: D () Delete
Name: BLEIER, ROBIN A
Address: P. O. BOX 1116
City-St-Zip: CRYSTAL BCH, FL 34681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN A. BLEIER

MS.

07/26/2007

Electronic Signature of Signing Officer or Director

Date