

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000069164

Entity Name: RM MED SERVICE INC

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9165 HARBOR ISLE COURT  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

9165 HARBOR ISLE COURT  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

FEI Number: 26-3038386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCPHEE, ROBERT  
9165 HARBOR ISLE COURT  
CRYSTAL RIVER, FL 34429 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: MCPHEE, ROBERT  
Address: 9165 HARBOR ISLE COURT  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VPS  
Name: MCPHEE, ELIZABETH  
Address: 9165 HARBOR ISLE COURT  
City-St-Zip: CRYSTAL RIVER, FL 34429

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 MCPHEE

PT

05/03/2010

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

\_\_\_\_\_  
Date