

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082760

Entity Name: RCL MEDICAL CORPORATION

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

170 HWY A1A #202
SATELLITE BEACH, FL 32937

New Principal Place of Business:

4440 PGA BLVD
SUITE 600
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

170 HWY A1A #202
SATELLITE BEACH, FL 32937

New Mailing Address:

4440 PGA BLVD
SUITE 600
PALM BEACH GARDENS, FL 33410

FEI Number: 26-3373610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGG, ROBERT C
170 HWY A1A #202
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

LEGG, ROBERT C
4440 PGA BLVD
SUITE 600
PALM BEACH GARDENS, FL 33410 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: LEGG, ROBERT C
Address: 170 HWY A1A #202
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S () Delete
Name: LEGG, LESLIE
Address: 170 HWY A1A #202
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: LEGG, ROBERT C
Address: 4440 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S (X) Change () Addition
Name: LEGG, LESLIE D
Address: 4440 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: LESLIE D LEGG

S

04/21/2009

Electronic Signature of Signing Officer or Director

Date