

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P93000030868**

**1. Entity Name  
REINHARDT MEDICAL GROUP, INC.**



**Principal Place of Business  
7100 PLANTATION ROAD  
SUITE 11  
PENSACOLA, FL 32504**

**Mailing Address  
P.O. BOX 30343  
PENSACOLA, FL 32503**



**04302007 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3183551**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐**

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KAREN REINHARDT  
7100 PLANTATION ROAD  
SUITE 11  
PENSACOLA, FL 32504**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DPS</b>
<b>NAME</b>	<b>REINHARDT, KAREN M</b>
<b>STREET ADDRESS</b>	<b>5841 HERMITAGE DR.</b>
<b>CITY-ST-ZIP</b>	<b>PENSACOLA, FL 32504</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U000000753159  
05/22/07-80010-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Karen Reinhardt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/07**

Date

**800.749.4099**

Daytime Phone #