2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000031963

1. Entity Name
D.R. MEDICAL, INC.

Principal Place of Business	Mailing Address
1760 S.W. 72ND AVE.	1760 S.W. 72ND AVE.
PLANTATION, FL 33317	PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

01082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0488328	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, DAVID L.
1760 SW 72 AVE.
PLANTATION, FL 33317

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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 reinstating)   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

TITLE	DPT
NAME	ROGERS, RENEE
STREET ADDRESS	1760 S.W. 72ND AVE.
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	S
NAME	ROGERS, AILENE S
STREET ADDRESS	1730 SW 67 TERR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Renee Rogers   2/20/07   954 791-0879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #