

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000077703

Entity Name: RHC MEDICAL, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8019 N HIMES AVE  
SUITE 504  
TAMPA, FL 33614 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

8019 N HIMES AVE  
SUITE 504  
TAMPA, FL 33614 US

## **New Mailing Address:**

FEI Number: 59-3269602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZWETCH, KEVIN  
501 E. KENNEDY BLVD. STE 1700  
TAMPA, FL 33602 US

## **Name and Address of New Registered Agent:**

ZWETCH, KEVIN  
100 N TAMPA STREET  
SUITE 3600  
TAMPA, FL 33602 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:

Electronic Signature of Registered Agent

04/27/2011

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: CARSTENS, ROBERT  
Address: 8019 N HIMES AVE, STE 504  
City-St-Zip: TAMPA, FL 33614

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 CARSTENS

D

04/27/2011

Electronic Signature of Signing Officer or Director

Date