

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000063126

1. Entity Name
RMA PROPERTIES, INC.



Principal Place of Business

4881 NW 8TH AVE
STE 2
GAINESVILLE, FL 32605

Mailing Address

P.O. BOX 357010
GAINESVILLE, FL 32635

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3399272

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE PAZ, OSCAR B
4881 NW 8TH AVE
STE 2
GAINESVILLE, FL 32605

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	DEPAZ, OSCAR M.D.
STREET ADDRESS	4881 NW 8TH AVE., STE 2
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	CMD
NAME	GUZMAN, RIGOBERTO P
STREET ADDRESS	4881 NW 8TH AVE., STE 2
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	STV
NAME	HUNTER, OREGON K MD
STREET ADDRESS	4881 NW 9TH AVE STE 2
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	O
NAME	LIPNICK, JESSE M.D.
STREET ADDRESS	4881 NW 8TH AVE, #2
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	O
NAME	LEBER, CHRISTOPHER M.D.
STREET ADDRESS	4881 NW 8TH AVENUE #2
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	NEWCOMER, GARY
STREET ADDRESS	4881 NW 8TH AVE. SUITE 2
CITY - ST - ZIP	GAINESVILLE, FL 32605

4000001277099

03/26/05-80015-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-08