

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063126

Entity Name: RMA PROPERTIES, INC.

FILED  
Jan 16, 2008  
Secretary of State

## Current Principal Place of Business:

4343 W. NEWBERRY RD.  
STE 18  
GAINESVILLE, FL 32607

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 357010  
GAINESVILLE, FL 32635

## New Mailing Address:

FEI Number: 59-3399272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DE PAZ, OSCAR B  
4343 W NEWBERRY ROAD  
STE 18  
GAINESVILLE, FL 32607 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:

01/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: DEPAZ, OSCAR M.D.  
Address: 4881 NW 8TH AVE.,STE 2  
City-St-Zip: GAINESVILLE, FL 32605

Title: CMD ( ) Delete  
Name: GUZMAN, RIGOBERTO P  
Address: 4881 NW 8TH AVE.,STE 2  
City-St-Zip: GAINESVILLE, FL 32605

Title: STV ( ) Delete  
Name: HUNTER, OREGON K MD  
Address: 4881 NW 8TH AVE STE 2  
City-St-Zip: GAINESVILLE, FL 32605

Title: O ( ) Delete  
Name: LIPNICK, JESSE M.D.  
Address: 4881 NW 8TH AVE, #2  
City-St-Zip: GAINESVILLE, FL 32605

Title: O ( ) Delete  
Name: LEBER, CHRISTOPHER M.D.  
Address: 4881 NW 8TH AVENUE #2  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: NEWCOMER, GARY  
Address: 4881 NW 8TH AVE. SUITE 2  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: DEPAZ, OSCAR M.D.  
Address: 4343 W NEWBERRY ROAD SUITE 18  
City-St-Zip: GAINESVILLE, FL 32607

Title: CMD (X) Change ( ) Addition  
Name: GUZMAN, RIGOBERTO P  
Address: 4343 W NEWBERRY ROAD SUITE 18  
City-St-Zip: GAINESVILLE, FL 32607

Title: STV (X) Change ( ) Addition  
Name: HUNTER, OREGON K MD  
Address: 4343 W NEWBERRY ROAD SUITE 18  
City-St-Zip: GAINESVILLE, FL 32607

Title: O (X) Change ( ) Addition  
Name: LIPNICK, JESSE M.D.  
Address: 4343 W NEWBERRY ROAD SUITE 18  
City-St-Zip: GAINESVILLE, FL 32607

Title: O (X) Change ( ) Addition  
Name: LEBER, CHRISTOPHER M.D.  
Address: 4343 W NEWBERRY ROAD SUITE 18  
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change ( ) Addition  
Name: NEWCOMER, GARY  
Address: 4343 W NEWBERRY ROAD SUITE 18  
City-St-Zip: GAINESVILLE, FL 32607

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: OSCAR B. DEPAZ

PVST

01/16/2008

Electronic Signature of Signing Officer or Director

Date