## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000063126

Entity Name: RMA PROPERTIES, INC.

FILED Jan 14, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

P.O. BOX 357010 GAINESVILLE, FL 32635

FEI Number: 59-3399272 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PVST

Name: DEPAZ, OSCAR M.D.

Address: 4343 W NEWBERRY ROAD SUITE 18

City-St-Zip: GAINESVILLE, FL 32607

Title: CMD

Name: GUZMAN, RIGOBERTO P

Address: 4343 W NEWBERRY ROAD SUITE 18

City-St-Zip: GAINESVILLE, FL 32607

Title: STV

Name: HUNTER, OREGON K MD

Address: 4343 W NEWBERRY ROAD SUITE 18

City-St-Zip: GAINESVILLE, FL 32607

Title: C

Name: LIPNICK, JESSE M.D.

Address: 4343 W NEWBERRY ROAD SUITE 18

City-St-Zip: GAINESVILLE, FL 32607

Title: C

Name: LEBER, CHRISTOPHER M.D. Address: 4343 W NEWBERRY ROAD SUITE 18

City-St-Zip: GAINESVILLE, FL 32607

Title: D

Name: NEWCOMER, GARY

Address: 4343 W NEWBERRY ROAD SUITE 18

City-St-Zip: GAINESVILLE, FL 32607

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: OSCAR B DEPAZ DR 01/14/2010