


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90067 046 ***150.00

0313312

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000024445			
1. Corporation Name R & T MEDICAL, INC.			
Principal Place of Business 10096 NW 53RD STREET SUNRISE FL 33351		Mailing Address 10096 NW 53RD STREET SUNRISE FL 33351	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent BAUMAN, DAVID M 7320 PETERS ROAD SUITE E-103 PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name DAVID THAYER 82 Street Address (P.O. Box Number is Not Acceptable) 1011 NW 1ST AVE 83 84 City SUNRISE FL 85 Zip Code 33323	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE David Thayer DATE 4-27-99			
12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME RUSKIN, JOSHUA ALLAN 1.3 STREET ADDRESS 10096 NW 53RD STREET 1.4 CITY-ST-ZIP SUNRISE FL 33351 1.5 TITLE D 1.6 NAME TILLES, MICHAEL F 1.7 STREET ADDRESS 10096 NW 53RD STREET 1.8 CITY-ST-ZIP SUNRISE FL 33351 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)