

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000024445

1. Entity Name

R & T MEDICAL, INC.



**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
879 SW SOUTH MACEDO BLVD  
PORT SAINT LUCIE FL 34983

Mailing Address  
879 SW SOUTH MACEDO BLVD  
PORT SAINT LUCIE FL 34983



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number  
65-0735641

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSKIN, RYAN M  
879 SW SOUTH MACEDO BLVD  
PORT SAINT LUCIE FL 34983

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 changing agent)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PSTD  
RUSKIN, RYAN M  
879 SW SOUTH MACEDO BLVD  
PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
U00000935589  
05/23/08-80079-010 150.00

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

4-28-08