


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P98000017045**

1. Entity Name  
**R & G MEDICAL AND DEVELOPMENT CORPORATION**



FILED  
04 DEC -2 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>10664 AVENIDA SANTA ANA BOCA RATON, FL 33498</b>	Mailing Address <b>10664 AVENIDA SANTA ANA BOCA RATON, FL 33498</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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11082004 REIN-P CR2E098 (6/04)

4. FEI Number <b>65-0814980</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FL  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <input checked="" type="checkbox"/> Delete <b>SCHWEDLER, GEORGE S</b> <b>10664 AVENIDA SANTA ANA</b> <b>BOCA RATON, FL 33498</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300043127623</b> <b>12/02/04--01035--002 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD.</b> <b>SAK, ROBERT M</b> <b>10664 AVENIDA SANTA ANA</b> <b>BOCA RATON, FL 33498</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** George S. Schwedler **George S. Schwedler** **11/22/04** **561 4821101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #