2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002388

1. Entity Name
RLG HEALTHCARE, INC.

Principal Place of Business	Mailing Address
6770 ALISO AVE WEST PALM BEACH, FL 33413	6770 ALISO AVE WEST PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE

04082005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3554165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLOTZER, RICHARD
3859 NW 62ND COURT
COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

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 ___Richard Glotzer___   Richard Glotzer   4/21/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	GLOTZER, RICHARD	
STREET ADDRESS	6770 ALISO AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000327142
04/25/05-80025-020 150.00

DO NOT WRITE IN THIS SPACE

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: ___Richard Glotzer___   Richard Glotzer   4/21/05   (561) 683-8140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #