

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002388

Entity Name: RLG HEALTHCARE, INC.

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

6770 ALISO AVE
WEST PALM BEACH, FL 33413

Current Mailing Address:

6770 ALISO AVE
WEST PALM BEACH, FL 33413

New Principal Place of Business:

630 S. SAPODILLA AVE.
231
WEST PALM BEACH, FL 33401

New Mailing Address:

630 S. SAPODILLA AVE.
231
WEST PALM BEACH, FL 33401

FEI Number: 59-3554165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOTZER, RICHARD
6770 ALISO AVE
WEST PALM BEACH, FL 334137 US

Name and Address of New Registered Agent:

GLOTZER, RICHARD
630 S. SAPODILLA AVE.
231
WEST PALM BEACH, FL 33401 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: RICHARD GLOTZER

03/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLOTZER, RICHARD
Address: 6770 ALISO AVE
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLOTZER, RICHARD
Address: 630 S. SAPODILLA AVE. # 231
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD GLOTZER

PRES

03/05/2008

Electronic Signature of Signing Officer or Director

Date