## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000110839

Entity Name: R.V. MEDIC, INC.

**FILED** Feb 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1702 E. BUSCH BLVD. TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 1702 E. BUSCH BLVD. TAMPA, FL 33612 FEI Number: 59-3615199 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, JOHN L 9802 BLUE SAGE RD MARTINEZ, JOHN L 518 DUQUE RD TAMPA, FL 33612 US LUTZ, FL 33549 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: 02/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST ( ) Delete Title: () Change () Addition MARTINEZ, JOHN Name: Name: 1702 E. BUSCH BLVD. Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MARTINEZ, PATRICIA J SECR Name: Name: Address: Address: 1702 E. BUSCH BLVD TAMPA, FL 33612 City-St-Zip: City-St-Zip:

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: JOHNNY L. MARTINEZ **PRES** 02/16/2009