

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000011029

**Entity Name:** RGI MEDICAL MANUFACTURING, INC.

**Current Principal Place of Business:**

4637 NW 6TH STREET  
GAINESVILLE, FL 32609

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC3136819933**

**Current Mailing Address:**

POB 357235  
GAINESVILLE, FL 32635

**FEI Number: 51-0438322**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KAHN, DARREN F  
4637 NW 6TH STREET  
GAINESVILLE, FL 32609 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            D  
Name            KAHN, DARREN  
Address        PO BOX 357235  
City-State-Zip: GAINESVILLE FL 32635

Title            PD  
Name            FERREBUS, DR ARGENIS M.D.  
Address        3391 NW 82 WAY  
City-State-Zip: COOPER CITY FL 33024

*I hereby 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 all other like empowered.*

**SIGNATURE: DARREN KAHN**

**CHIEF OPERATIONS  
OFFICER**

**04/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date