

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90018 038 ***150.00

DOCUMENT # P97000055563

1. Entity Name

FLORIDA MEDICAL INVESTMENT FUND, INC.

Principal Place of Business

5100 S CLEVELAND AVE
 STE #318-340
 FT. MYERS FL 33907
 US

Mailing Address

~~5665 TRAILWINDS~~ **2227 T**
~~STE #626~~
 FT MYERS FL 33907-8368
 US

2. Principal Place of Business

3. Mailing Address

2227 TREEHAVEN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT MYERS, FL

4. FEI Number

65-0764650

Applied For

Not Applicable

Zip

Country

Zip

Country

33907

LEE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, PATRICK B
~~5665 TRAILWINDS~~
~~STE #626~~
 FT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

2227 TREEHAVEN CIRCLE

City

FORT MYERS

FL

Zip Code

33907

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, PATRICK B	NAME	
STREET ADDRESS	5665 TRAILWINDS #626	STREET ADDRESS	2227 TREEHAVEN CIRCLE
CITY-ST-ZIP	FT MYERS-FL 33907	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, NANCY J	NAME	
STREET ADDRESS	5665 TRAILWINDS #626	STREET ADDRESS	2227 TREEHAVEN CIRCLE
CITY-ST-ZIP	FT MYERS FL 33907	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECK, ROBERT	NAME	
STREET ADDRESS	5130 TRAILWINDS #424	STREET ADDRESS	4289 MARINER WAY #112
CITY-ST-ZIP	FL MYERS FL 33907	CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick B Robinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

(991) 275-8024

Date

Daytime Phone #

CR2E034 (9/99)