

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90314 046 ***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 2227 TREEHAVEN CIRCLE FT MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2098 CRYSTAL DR #27	3. Mailing Address
Suite, Apt. #, etc. PMB #188	Suite, Apt. #, etc.
City & State FORT MYERS, FL	City & State
Zip 33907	Country LEE

4. FEI Number 65-0764650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**ROBINSON, PATRICK B
 2227 TREEHAVEN CIRCLE
 FT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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 _____ (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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	D <input type="checkbox"/> Delete
NAME	ROBINSON, PATRICK B
STREET ADDRESS	2227 TREEHAVEN CIRCLE
CITY-ST-ZIP	FT MYERS FL 33907
TITLE	D <input type="checkbox"/> Delete
NAME	ROBINSON, NANCY J
STREET ADDRESS	2227 TREEHAVEN CIRCLE
CITY-ST-ZIP	FT MYERS FL 33907
TITLE	D <input type="checkbox"/> Delete
NAME	HECK, ROBERT
STREET ADDRESS	4289 MARINER WAY #112
CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 **PATRICK B. ROBINSON** 4/23/01 (941) 275-8024
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)