

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90031 043 ***150.00

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 SP

DOCUMENT # F01000001249
 1. Entity Name
VICOR TECHNOLOGIES, INC.

Principal Place of Business **CORPORATE** Mailing Address
2300 COPORATE BLVD., N.W., SUITE 123 **2300 COPORATE BLVD., N.W., SUITE 123**
BOCA RATON FL 33431 **BOCA RATON FL 33431**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1032053** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~JEFFREY L. GREENBERG, P.A.~~
~~4800 NORTH FEDERAL HIGHWAY, SUITE 304-D~~
~~BOCA RATON FL 33431~~

7. Name and Address of New Registered Agent
 Name **HRAWG CORP.**
 Street Address (P.O. Box Number is Not Acceptable) **1801 North Military Trail**
Suite 200
 City **Boca Raton** FL Zip Code **33431**

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 *Larry Corra*
 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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SKINNER, JAMES E M.D.	
STREET ADDRESS	2300 COPORATE BLVD., N.W., SUITE 123	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LINTHICUM, D. SCOTT	
STREET ADDRESS	2300 COPORATE BLVD., N.W., SUITE 123	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FARNELL, JAMES P	
STREET ADDRESS	2300 COPORATE BLVD., N.W., SUITE 123	
CITY-ST-ZIP	BOCA RATON FL 33431	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2300 Corporate Blvd, NW, Suite 123	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2300 Corporate Blvd, NW, Suite 123	
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: *James P Farnell* 1/15/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)