

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90336 025 \*\*\*158.75

**DOCUMENT # P00000041225**

1. Entity Name  
**LEONARDO MEDICAL SYSTEMS, INC.**

Principal Place of Business  
**2601 S. BAYSHORE DR., STE. 1250**  
**MIAMI FL 33133**

Mailing Address  
**1121 CRANDON BLVD**  
**D807**  
**KEY BISCAYNE FL 33149**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8585 NW 72nd St**

3. Mailing Address  
**8585 NW 72nd St**

Suite, Apt. #, etc.  
**Suite B**

Suite, Apt. #, etc.  
**Suite B**

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**65-1067562**

Applied For  
 Not Applicable

Zip  
**33166**

Country  
**US**

Zip  
**33166**

Country

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

6. Name and Address of Current Registered Agent

**R.A. FREEMAN INC.**  
**2601 S. BAYSHORE DR., STE. 1250**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **JOEL S. MAGOLNICK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1111 Brickell Ave**  
**Suite 2050**  
 City **Miami** **FL** Zip Code **33131**

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 **Joel Magolnick** **4/30/02**  
 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 **D** ☒ Delete  
 NAME **FREEMAN, ROBERT A**  
 STREET ADDRESS **2601 S. BAYSHORE DR., STE. 1250**  
 CITY-ST-ZIP **MIAMI FL 33133**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **James Vogt** ☐ Change ☒ Addition  
 NAME **James Vogt**  
 STREET ADDRESS **8585 NW 72nd St, Suite B**  
 CITY-ST-ZIP **Miami, FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 M. Vogt** **03-21-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

CR2E034 (9/01)