APR-20-2001 10:22AM MARC BIRNBAUM P.A.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90047 005 ***158.75

DOCUMENT # P00000076723

1. Entity Name
Malbin Medical Enterprises, Inc.

Principal Place of Business
6800 SW 40th Street
PMB 116
Miami, Florida 33155

Mailing Address

770158

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6800 SW 40 St, PMB 116		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Florida		City & State	
Zip: 33155	Country: USA	Zip	Country

4. FEI Number: applied for — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Marc Birnbaum, P.A.
1031 Ives Dairy Road
Suite 228
Miami, Florida 33179

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 ______________________________
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) [X]

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Samuel M. Richton 6800 SW 40 St, PMB 116 Miami, Florida 33155 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E034 (11/00)

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: [signature] SAMUEL RICHTON, PRES. 4/27/01 305 662 8398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #