## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2005 8:00 am Secretary of State **DOCUMENT # P03000003076** 1. Entity Name 05-04-2005 90177 040 \*\*\*150.00 ROBARNER MEDICAL ENTERPRISE, INC. Principal Place of Business Mailing Address P.O.BOX 14296 2227 59TH ST W 10012000 BRADENTON, FL 34280 BRADENTON, FL 34209 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1864869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Lovi M. Dorman SPIEGEL & LITRERA P.A. DO NOT WRITE Hamrick Perrey Quinlan & Smith, P.A. 1840 OW 22 OT 4TH FL-MIAMI: FL-33145-IN THIS SPACE 12th Street W 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. I am familiar with, and accept the obligations of 04,29.05 SIGNATURE (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE POTO WAGNER, BARBARA R MAME STREET ADDRESS 2227 59TH ST W BRADENTON, FL 34209 CITY ST 7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY- ST- ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

OHOCHMENT 5004796/ POBUUSOHO HAMRICK, PERREY, QUINLAN & SMITH, P.A. ATTORNEYS AT LAW

> 601 12<sup>TH</sup> STREET WEST BRADENTON, FLORIDA 34205

LISA A. BELL
LORI M. DORMAN \*
MICHAEL M. HAMRICK •
TODD D. KAPLAN +
PHILIP E. PERREY ■
JOHN V. QUINLAN
GILBERT A. SMITH, JR.

MAILING ADDRESS: POST OFFICE BOX 551 BRADENTON, FL 34206

GREGORY S. HAGOPIAN, of Counsel

WEBSITE: www.hpqs.com TELEPHONE (941) 747-1871 FACSIMILE (941) 745-2866

- Board Certified Wills, Trusts & Estates Lawyer
- Board Certified Real Estate Lawyer
- \* Also admitted in Colorado
- + Also admitted in Connecticut and New York

May 2, 2005

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Robarner Medical Enterprise, Inc.

Document #P03000003076

Dear Clerk:

Enclosed please find the 2005 Annual Report and \$150.00 filing fee regarding the captioned corporation. Due to an oversight in this office and my legal assistant's absence from the office on Friday, April 29, 2005 due to illness, I am forwarding this report to you today and respectfully request that you accept it as being timely filed for the reasons stated above. Should you have any questions or wish to discuss this matter with me, please feel free to contact me.

Very truly yours,

ORI M. DORMAN

LMD/prb Enclosures

cc: Barbara R. Wagner . . .

W226/4049