

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109810

Entity Name: ROBINS MEDICAL CORP.

FILED  
Jan 24, 2011  
Secretary of State

## Current Principal Place of Business:

4475 US # 1 SO  
STE 504  
SAINT AUGUSTINE, FL 32086

## New Principal Place of Business:

4475 US # 1 SO  
STE 506C  
SAINT AUGUSTINE, FL 32086

## Current Mailing Address:

4475 US # 1 SO  
STE 504  
SAINT AUGUSTINE, FL 32086

## New Mailing Address:

4475 US # 1 SO  
STE 506C  
SAINT AUGUSTINE, FL 32086

FEI Number: 65-1210280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINS, PERRY  
4475 US # 1 SOUTH  
STE 504  
SAINT AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

ROBINS, PERRY  
4475 US # 1 SOUTH  
STE 506C  
SAINT AUGUSTINE, FL 32086 US

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:

Electronic Signature of Registered Agent

01/24/2011

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: ROBINS, PERRY  
Address: 4475 US # 1 SO # 506C  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PERRY ROBINS

PRES

01/24/2011

Electronic Signature of Signing Officer or Director

Date