## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000109810

Entity Name: ROBINS MEDICAL CORP.

FILED Jan 25, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4475 US # 1 SO 4475 US # 1 SO STE 506C STE 601B

SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

4475 US # 1 SO 4475 US # 1 SO STE 506C STE 601B

SAINT AUGUSTINE, FL 32086 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: Name and Address of New Registered Agent:

ROBINS, PERRY
4475 US # 1 SOUTH
STE 506C

ROBINS, PERRY
4475 US # 1 SOUTH
STE 601B

SAINT AUGUSTINE, FL 32086 US 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: 01/25/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 ROBINS, PERRY

 Address:
 4475 US # 1 SO # 601B

 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 P 01/25/2012