

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90336 024 ***158.75

DOCUMENT # P99000052678

1. Entity Name

ROBIN HOOD MEDICAL CORPORATION

Principal Place of Business

Mailing Address

**2601 S. BAYSHORE DR STE 1250
 MIAMI FL 33133**

**1121 CRANDON BLVD
 D807
 KEY BISCAYNE FL 33149
 US**

2. Principal Place of Business

3. Mailing Address

1121 Crandon Blvd

Suite, Apt. #, etc.

D807

Suite, Apt. #, etc.

City & State

City & State

Key Biscayne FL

City & State

Zip

Country

Zip

Country

33149

US

Zip

Country

4. FEI Number

65-0965622

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, ROBERT A

**2601 S. BAYSHORE DR STE 1250
 MIAMI FL 33133**

Name

Joel S. Magolnick

Street Address (P.O. Box Number is Not Acceptable)

111 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **Joel Magolnick** **4/30/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VOGT, JAMES A	
STREET ADDRESS	2601 S. BAYSHORE DR STE 1250	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1121 Crandon Blvd., D807
CITY-ST-ZIP	Key Biscayne FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] **James M. Vogt**

03-21-02

Date

Daytime Phone #

CR2E034 (9/01)