

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90336 023 ***158.75

DOCUMENT # P99000090930

1. Entity Name
TOWER MEDICAL SALES, INC.

Principal Place of Business
~~2601 S BAYSHORE DR. SUITE 1250~~
~~MIAMI FL 33133~~

Mailing Address
1121 CRANDON BLVD
D807
KEY BISCAYNE FL 33149
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1121 Crandon Blvd
 Suite, Apt. #, etc.
D807

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Key Biscayne FL

City & State

4. FEI Number
65-0964261

Applied For
 Not Applicable

Zip
33149

Country
US

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBERT A. FREEMAN, P.A.
2601 S BAYSHORE DR, SUITE 1250
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **Joel S. Magolnick**
 Street Address (P.O. Box Number is Not Acceptable)
1111 Brickell Avenue
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]* **Joel Magolnick** **4/30/02**
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)

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D VOGT, JAMES A C/O 2601 S BAYSHORE DR, SUITE 1250 MIAMI FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1121 Crandon Blvd, Suite D807 Key Biscayne, FL 33149
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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-02
Date

Daytime Phone #

CR2E034 (9/01)