

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

Mailing Address

~~2601 S BAYSHORE DR. SUITE 1250~~
MIAMI FL 33133

1121 CRANDON BLVD
D807
KEY BISCAWAYNE 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

Zip
33149

Country
US

Zip

Country

4. FEI Number

65-0964261

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Joel S. Magolnick

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

1111 Brickell Avenue

Suite 2450

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

Joel Magolnick
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	VOGT, JAMES A	C/O 2601 S BAYSHORE DR, SUITE 1250	MIAMI FL 33133						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
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				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						

1121 Crandon Blvd, Suite D807
Key Biscayne, FL 33149

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:

James M. Vogt
James M. Vogt

03-21-02

Date

Daytime Phone #

CR2E034 (9/01)