

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 21 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005900 (5)**

1. Corporation Name

MEDICAL SYSTEMS INTERNATIONAL CORP.

Principal Place of Business

ONE PLAZA RD.
GREENVALE NY 11548

Mailing Address

ONE PLAZA RD.
GREENVALE NY 11548

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1994** 3a. Date of Last Report

4. FEI Number **11-3030521** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

VARELA, MARDIN
6354 82ND AVE., N.W.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, HARRY J	1.2 NAME	
STREET ADDRESS	44 SHOREHAVEN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	E. NORWALK CT 06855	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, JOYCE W	2.2 NAME	
STREET ADDRESS	44 SHOREHAVEN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	E. NORWALK CT 06855	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, STEVEN A	3.2 NAME	
STREET ADDRESS	43 SHOREHAVEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	E. NORWALK CT 06855	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALD, GLENN A	4.2 NAME	
STREET ADDRESS	595 TOWNLINE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAUPPAUGE NY 06855	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Glenn Oswald **GLENN OSWALD** 3/6/95 (516) 621-9190
Signature and typed name of signing officer or director