

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005900

1. Entity Name

MEDICAL SYSTEMS INTERNATIONAL CORP.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90051 034 ***150.00

Principal Place of Business ONE PLAZA RD. GREENVALE NY 11548	Mailing Address ONE PLAZA RD. GREENVALE NY 11548-1027
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6414 NW 82ND AVE	3. Mailing Address 6414 NW 82ND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33166	Country USA

4. FEI Number 11-3030521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VARELA, MARDIN 6414 82ND AVE., N.W. MIAMI FL 33166	7. Name and Address of New Registered Agent Name VARELA MARDIN Street Address (P.O. Box Number is Not Acceptable) 6414 NW 82ND AVE City Miami FL Zip Code 33166
---	---

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: (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BENEDICT, HARRY J 44 SHOREHAVEN RD. E. NORWALK CT 06855 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENEDICT, JOYCE W 44 SHOREHAVEN RD. E. NORWALK CT 06855 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTI, STEVEN A 43 SHOREHAVEN RD. E. NORWALK CT 06855 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSWALD, GLENN A 595 TOWNLINE RD. HAUPPAUGE NY 06855 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: (NOTE: Signature required when reinstating) DATE: _____ Daytime Phone #: _____

CR2E034 (9/99)