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

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:13

DOCUMENT # **K82227** **(5)**

1. Corporate Name
**MEDICAL SURGICAL REPAIRS, INC.**

Principal Place of Business
3903 PEACOCK DRIVE
WEST MELBOURNE FL 32904

Mailing Address
3903 PEACOCK DRIVE
WEST MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (Chartered): 04/21/1989
3a. Date of Last Report: 05/01/1994

2. Prior Corporate Name
21

2a. Mailing Address
26

Suite Apt. #
22

Suite Apt. #
27

City State
23

City State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: 65-0118993
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. The corporation has filed, or is applying for, an election under S. 1372(a) Internal Revenue Code ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DOWNS, ROBERT**
**3903 PEACOCK DRIVE**
**MELBOURNE FL 32904**

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 Section 607.0501 of the 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 and the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0501, Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | DOWNS, ROBERT |
| ADDRESS | 3903 PEACOCK DRIVE |
| CITY ST ZIP | MELBOURNE FL |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Add

TITLE
NAME
ADDRESS
CITY ST ZIP

☐ Change ☐ Add

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MEMPTED BY MAY 1

14. I hereby certify that the information supplied with this filing is accurate and complete to the best of my knowledge and belief. I further certify that the information contained in the annual report or supplemental annual report is true and correct in all respects and that my signature shall have the same force and effect as if made under oath. I am familiar with and hereby accept the obligations of Section 607.0501, Florida Statutes. I further certify that the corporation has filed or is in the process of filing its federal income tax return for the current year or has filed an extension of time for filing its federal income tax return for the current year. I further certify that the corporation has complied with the requirements of Section 607.0501, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an officer or director with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. DOWNS

4/25/95
DATE

0072603 CP