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 FEB -9 PM 12:00

DOCUMENT # L26265 (3)

1. Corporation Name
MEDICAL ELECTRO-THERAPEUTICS, INC.

Principal Place of Business	Mailing Address
%STEPHEN P. GRIGGS 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811	%STEPHEN P. GRIGGS 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2973806 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P.
4506 L.B. MCLEOD RD.
SUITE F
ORLANDO FL 32811

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
NAME	WALKER, WILLIAM A., II			
STREET ADDRESS	250 PARK AVE. SOUTH			
CITY-ST-ZIP	WINTER PARK FL			
TITLE	PD	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
NAME	KENNEDY, WILLIAM P.			
STREET ADDRESS	4506 L.B. MCLEOD RD #F			
CITY-ST-ZIP	ORLANDO FL			
TITLE	VD	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PRES/ASST SEC/DIR	☒ Change ☐ Addition
NAME	GRIGGS, STEPHEN P			
STREET ADDRESS	4506 L.B. MCLEOD RD. #F			
CITY-ST-ZIP	ORLANDO FL			
TITLE	T	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SEC/TREAS/DIR	☒ Change ☐ Addition
NAME	IRISH, REBECCA R.			
STREET ADDRESS	4506 L. B. MCLEOD RD #F			
CITY-ST-ZIP	ORLANDO FL			
TITLE	D	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
NAME	WILLIAMS, LEONARD			
STREET ADDRESS	P.O. BOX 6845 N/A			
CITY-ST-ZIP	ORLANDO FL 32852			
TITLE	D	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
NAME	WEAVER, JACK T.			
STREET ADDRESS	3120 CORRINE DR			
CITY-ST-ZIP	ORLANDO FL 32803			

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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Rebecca R. Irish 2/6/95 (407) 841-2115
SIGNATURE AND TYPED OR PRINTED NAME OF ADDITIONAL OFFICER OR DIRECTOR — Date — Daytime Phone #
REBECCA R. IRISH

0050734 CP