

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90102 021 ***150.00

DOCUMENT # P93000086079

1. Entity Name

MEDICAL ENGINEERING DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

**801 PONCE DE LEON DR.
 FT. LAUDERDALE FL 33316**

**801 PONCE DE LEON DR.
 FT. LAUDERDALE FL 33316-1248**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0457062

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

**WARREN STURMAN
 801 PONCE DE LEON DRIVE
 FT LAUDERDALE FL 33316**

Name

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

City

FL

Zip Code

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

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, 2000 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	CSD	<input type="checkbox"/> Delete
NAME	STURMAN, WARREN	
STREET ADDRESS	801 PONCE DE LEON DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OLMSTEAD, DAVID	
STREET ADDRESS	614 HUNTERS LANE	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KUHLMAN, RUSSELL	
STREET ADDRESS	1708 COVE CREEK LANE	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Warren Sturman

3/01/2000

(954) 522-0567

CR2E034 (9/99)