2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000086079

1. Entity Name

MEDICAL ENGINEERING DEVELOPMENT CORP.



FILED
Apr 14, 2004 08:00 AM
Secretary of State

Principal Place of Business

2951 NW 49 AVE

SUITE 103 LAUDERDALE LAKES, FL 33313 Mailing Address

2951 NW 49 AVE

SUITE 103

LAUDERDALE LAKES, FL 33313



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84112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S5-0457062 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN STURMAN 2951 NW 49 AVENUE SUITE 103 LAUDERDALE LAKES, FL 33313

DO NOT WRITE IN THIS SPACE

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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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered	Agent signature	nature required when relocations) DATE					
File NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000112082 04/14/04-80008-016 150.00				
10.	OFFICERS AND DIREC	TORS			The state of the s				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTANO, ALBERT 249 MARKET SQUARE LAKE FOREST, IL 60045		_	IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIDO, ALEXANDER 815 NW 57 AVENUE MIAMI, FL 33126			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
NAME STREET ADDRESS CITY-ST-ZIP	estify that the information curryling with this fi	ling does not qualify for the aven	ming state	·	(i), Florida Statutes, i further certify that the information				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(t). 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN VYARREN

4/11/2004

(954) 735-9200

Daytime Phone