

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

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

**DOCUMENT # P93000086079**

**1. Entity Name  
MEDICAL ENGINEERING DEVELOPMENT CORP.**



**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**



04112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0457062** **Applied For  
Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 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**

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

000000112082  
04/14/04-80008-016 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CSD  
STURMAN, WARREN  
2951 NW 49 AVE SUITE 103  
LAUDERDALE LAKES, FL 33313**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
OLMSTEAD, DAVID  
614 HUNTERS LANE  
BRENTWOOD, TN 37027**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KUHLMAN, RUSSELL  
1708 COVE CREEK LANE  
KNOXVILLE, TN 37919**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MONTANO, ALBERT  
249 MARKET SQUARE  
LAKE FOREST, IL 60045**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUBIDO, ALEXANDER  
815 NW 57 AVENUE  
MIAMI, FL 33126**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE**

**DAYTIME PHONE #**

**WARREN STURMAN 4/11/2004 (954) 735-9200**