

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646883

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** MEDICAL INSTRUMENTATION BROKERS, INC.

**Current Principal Place of Business:**

1577 N.W. 88TH AVE.  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1577 N.W. 88TH AVE.  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 59-1957601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL PINO, ROGELIO A  
75 VALENCIA AVENUE  
4TH FLOOR  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARTZE, ELIAS R PRES.  
Address: 10770 S W 95TH ST  
City-St-Zip: MIAMI, FL 33176

Title: VP  
Name: ARTZE, MAYRA  
Address: 10770 SW 95TH ST  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIAS R. ARTZE

PRES

04/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date