

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843764

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: MEDICAL ELECTRONICS DISTRIBUTORS, INC.

**Current Principal Place of Business:**

1319 CENTRAL AVE  
KANSAS CITY, KS 66102

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 45067  
KANSAS CITY, MO 64171

**New Mailing Address:**

P.O. BOX 45030  
KANSAS CITY, MO 64171

FEI Number: 43-1139824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIPSKY, E.C.,  
Address: 4903 W 87TH  
City-St-Zip: SHAWNE MISSION KS,

Title: D ( ) Delete  
Name: LIPSKY, J.H.,  
Address: 8224 ROSEWOOD LN  
City-St-Zip: PRAIRIE VILLAGE, KS

Title: SD ( ) Delete  
Name: SINGER, JENIECE  
Address: 4921 W 87TH  
City-St-Zip: SHAWNEE MISSION, KS

Title: T ( ) Delete  
Name: MARTIN, CLAY  
Address: 1001 NW PECAN DR  
City-St-Zip: GRAIN VALLEY, MO 64029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLAY MARTIN

T

03/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date