FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90438 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~84705~~ 847085

1. Entity Name

MEDI-DYN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13111 E. Briarwood Ave.	Same
Suite, Apt. #, etc. #225	Suite, Apt. #, etc.
City & State Englewood, CO	City & State
Zip 80112 Country Arapahoe	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1075812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 So. Pine Island Rd.

City: Plantation **FL** Zip Code: 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DP
NAME	Scott C. Brown
STREET ADDRESS	13111 E. Briarwood Ave #225
CITY-ST-ZIP	Englewood, CO 80112
TITLE	D
NAME	Larry M. Brown
STREET ADDRESS	13111 E. Briarwood Ave. #225
CITY-ST-ZIP	Englewood, CO 80112
TITLE	T
NAME	Keith C. Brown
STREET ADDRESS	5648 S. Geneva St
CITY-ST-ZIP	Englewood, CO 80111
TITLE	DS
NAME	Nancy J. Lake
STREET ADDRESS	13111 E. Briarwood Ave. #225
CITY-ST-ZIP	Englewood, CO 80112
TITLE	VP
NAME	Randy B. Scott
STREET ADDRESS	12250 So. Kirkwood #934
CITY-ST-ZIP	Stafford, TX 77477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy J. Lake 4/29/02 303-662-0602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #