


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 847085 1. Entity Name MEDI-DYN, INC.	
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Principal Place of Business 13111 E. BRIARWOOD AVE., #225 ENGLEWOOD, CO 80112	Mailing Address 13111 E. BRIARWOOD AVE., #225 ENGLEWOOD, CO 80112
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04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1075812	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, SCOTT C 13111 E/ BREARWOOD AVE., #225 ENGLEWOOD, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LARRY 13111 E BRIARWOOD AVE #225 ENGLEWOOD, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, KEITH C. 5648 S. GENEVA STREET ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAKE, NANCY J. 13111 E BRIARWOOD AVE #225 ENGLEWOOD, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCOTT, RANDY B 8903 S. RICE AVE. HOUSTON, TX 77096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000332386
04/26/05-80056-004 150.00

**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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy J. Lake NANCY J. LAKE 4/22/05 303-662-0602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone