

F95000004119

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Medical Engineered Instrumentation Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

675-1557

Richard Shockey

(Name of Person)

700001551137
-08/01/95--01105--002
*****78.75 *****78.75

Medical Engineered Instrumentation Inc
(Firm/Company)

710 N. Ocean Blvd #410
(Address)

Pompano Beach FL 33062
(City/State/Zip)

FILED
CORPORATION
SECTION
JUL 25 1995
TALLAHASSEE, FL

8-25

Should you need to call someone concerning this matter, please call:

Richard Shockey
(Name of Person)

at (305) 782-2494
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 2, 1995

RICHARD SHOCKEY
MEDICAL ENGINEERED INSTRUMENTATION INC
710 N OCEAN BLVD., #410
POMPANO BEACH, FL 33062

SUBJECT: MEDICAL ENGINEERED INSTRUMENTATION INC
Ref. Number: W95000015597

We have received your document for MEDICAL ENGINEERED INSTRUMENTATION INC and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

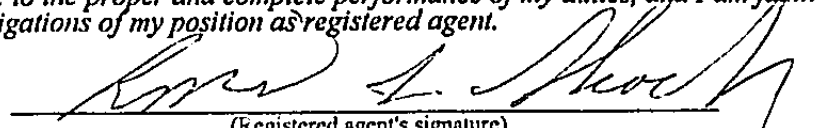
If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 995A00036464

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. Medical Engineered Instrumentation Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Minnesota
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 6-7-95
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Awaiting certification of authority
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. Richard Shockey, Medical Engineered Instrumentation Inc
710 N Ocean Blvd #410, Pompano Beach FL 33062
(Current mailing address)
8. Health Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Richard Shockey
Medical Engineered Instrumentation Inc.
Office Address: 710 N. Ocean Blvd #410
Pompano Beach, Florida, 33062
(Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRET
RECEIVED
JUN 11 1995
FBI: MIAMI

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Richard Shockey

Address: 710 N. Ocean Blvd #410, Pompano Beach FL 33062

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Richard Shockey

Address: 710 N. Ocean Blvd #410 Pompano Beach FL 33062

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard Shockey Chairman & President

(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

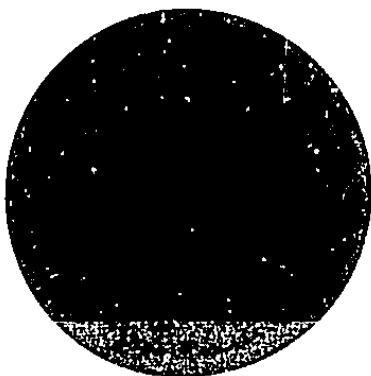
Name: Medical Engineered Instrumentation Inc.

Date Formed: 06/07/1995

Chapter Governed By: 302A

This certificate has been issued on 08/14/95.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 25 AM 11:44



Joan Anderson Growe
Secretary of State.

F95000004119

b
File Edit Services Special Terminal Emulation CONNECTED 01:02:22
(((H96000003247))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: FAHMY & CO.
DEPARTMENT OF STATE 2213 E. ATLANTIC BLVD.
STATE OF FLORIDA
409 EAST GAINES STREET POMPANO BEACH FL 33062-0000
TALLAHASSEE, FL 32399 CONTACT: HANY FAHMY
FAX: (904) 922-4000 PHONE: (305) 785-3855
FAX: (305) 785-2564
(((H96000003247))) DOCUMENT TYPE: WITHDRAWAL OF FOREIGN CORPORATION
NAME: MEDICAL ENGINEERED INSTRUMENTATION INC
FAX AUDIT NUMBER: H96000003247 CURRENT STATUS: REQUESTED
DATE REQUESTED: 03/07/1996 TIME REQUESTED: 08:31:38
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 1 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$35.00 ACCOUNT NUMBER: 071514000171
Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.
(((H96000003247)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
F1=Help F10=Menu bar F5=Logging [OFF] F6=Printer [OFF]

*Corpus with
Linda*

96 MAR -7 AM 9:55
RECEIVED

FILED
96 MAR -7 AM 11:38
SECRETARY OF STATE
TALLAHASSEE

H96000003247

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSMIT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

MEDICAL ENGINEERED INSTRUMENTATION INC
(Name of Corporation)

STATE OF MINNESOTA
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

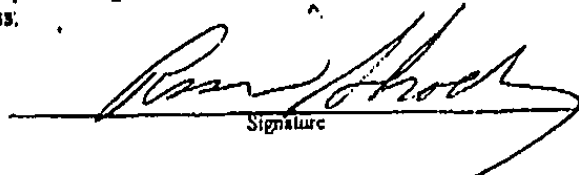
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

710 N. OCEAN BLVD, #410
(Mailing Address)

POMPANO BEACH, FL 33062
(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


Signature Title
RICHARD SHOCKEY 3/06/95
Typed or printed name Date

HANY FAHMY CPA, P.A.
2213 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062-5201
(305) 785-3855

H96000003247

FILED
96 MAR -7 11:11:38
SECRETARY OF STATE
TALLAHASSEE