

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90066 041 ***150.00

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1. Entity Name
DISETRONIC MEDICAL SYSTEMS INC.



Principal Place of Business
**11800 EXIT FIVE PARKWAY
BLDG. U U
FISHERS, IN 46038**

Mailing Address
**11800 EXIT FIVE PARKWAY
BLDG. U U
FISHERS, IN 46038**

DO NOT WRITE IN THIS SPACE

02202006 No Chg-P CR2E034 (11/05)

4. FEI Number
41-1694999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V/M
NAME	HANSEN, SARAH
STREET ADDRESS	11800 EXIT FIVE PARKWAY
CITY-ST-ZIP	FISHERS, IN 46038
TITLE	V
NAME	KELLAR, JOHN D
STREET ADDRESS	9115 HAGUE ROAD
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	S
NAME	GAGEL, LYNN
STREET ADDRESS	9115 HAGUE ROAD
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	T
NAME	GILMER, CHRISTOPHER L
STREET ADDRESS	9115 HAGUE ROAD
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	D
NAME	DUMOULIN, DON
STREET ADDRESS	9115 HAGUE RD
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John D. Kellar* **John D. Kellar, V. Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

317-521-7926

Daytime Phone #