

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90384 026 ***150.00

DOCUMENT # H10708	
1. Entity Name MEDICAL INSTRUMENTATION REPAIR, INCORPORATED	



Principal Place of Business 3757 ST AUGUSTINE RD P.O. BOX 24821 JACKSONVILLE, FL 32207 US	Mailing Address P O BOX 24821 P.O. BOX 24821 JACKSONVILLE, FL 32241-1821 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		32241-4821	



04282006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROSSLAND, STEPHEN M. 3757 ST AUGUSTINE RD JACKSONVILLE, FL 32207		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	E MAIL ADDRESS mfigge@mini-biomed.com
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSSLAND, STEPHEN M.	NAME	
STREET ADDRESS	12776 BURNING TREE LN W	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSSLAND, MICHAEL S	NAME	CROSSLAND, MICHAEL S
STREET ADDRESS	7038 IRONGATE LANE	STREET ADDRESS	138 WOODROW AVE
CITY-ST-ZIP	DALLAS, TX 75214	CITY-ST-ZIP	WINSTON SALEM NC 27106
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGGE, MAUREEN R	NAME	
STREET ADDRESS	4617 ROYAL AVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **4-28-06** **906 399 0674**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #