

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H10708

FILED
Apr 20, 2007
Secretary of State

Entity Name: MEDICAL INSTRUMENTATION REPAIR, INCORPORATED

Current Principal Place of Business:

3757 ST AUGUSTINE RD
P.O.BOX 24821
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

3757 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

Current Mailing Address:

P O BOX 24821
P.O.BOX 24821
JACKSONVILLE, FL 322411821 US

New Mailing Address:

FEI Number: 59-2422371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSSLAND,STEPHEN M.
3757 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CROSSLAND, STEPHEN M, .
Address: 12776 BURNING TREE LN W
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: CROSSLAND, MICHAEL S
Address: 138 WOODROW AVE
City-St-Zip: DURHAM, NC 27706

Title: TS () Delete
Name: FIGGE, MAUREEN R
Address: 4617 ROYAL AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN R. FIGGE

TS

04/20/2007

Electronic Signature of Signing Officer or Director

Date