2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# H10708

Entity Name: MEDICAL INSTRUMENTATION REPAIR, INCORPORATED

Current Principal Place of Business:

3757 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

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: 1350 GREENS PARKWAY, APT # 1142
City-St-Zip: HOUSTON, TX 77067

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: VP (X) Change ( ) Addition
Name: CROSSLAND, MICHAEL S
Address: 7927 FOREST LANE, APT 408
City-St-Zip: DALLAS, TX 75230

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

I hereby certify that the information supplied with this filing does not qualify 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 04/14/2009

Electronic Signature of Signing Officer or Director — Date