

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H10708

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: CROSSLAND, MICHAEL S  
Address: 7927 FOREST LANE, APT 408  
City-St-Zip: DALLAS, TX 75230

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

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN R. FIGGE

TS

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date