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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90109 040 ***150.00

DOCUMENT # K82227

1. Corporation Name

MEDICAL SURGICAL REPAIRS, INC.

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Principal Place	e of Business	Mailing Addres	s			. 1 (0.010)11 041 10110 (1010 (1010)(O)(}0 B)		liffi Atbet 1441
3903 PEACOCK DRIVE WEST MELBOURNE FL 32904 3903 PEACOCK DRIVE WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904				4					•
·US		* ,	ي سيد ٠	· ·			RITE IN THIS	SPACE	
						3. Date Incorporated or Qualifect 04/21/1989			
2. Principal Pl	face of Business	2a. Mailing Add	ress			4. FEI Number		App	plied For
21		26				65-0118993			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. i	#, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	e	City & State	9			6. Election Campaign Financing	1 5	\$5.00	Mav Be
23	-	28				Trust Fund Contribution	' D	Added to	
Zip	Country	Zip		Country	ı	8. This corporation owes the cu	rrent year Inta	angible	
24	25	29	3	0		Personal Property Tax.		_,	□No
	9. Name and Address of Curr	rent Registered Agent	t			10. Name and Address of New	Registered /	Agent	
				81	Name				
	VNS, ROBERT			82	Street Add	dress (P.O. Box Number is Not Accep	ntable)		
	B PEACOCK DRIVE			"	Direct Aut	uroso (i .o. Box riambo, io ricertocop			
MEL	BOURNE FL 32904			83					
				84	' '		FL	85 Zip C	
		505 1 COT 1500 FI-				and a submit this statement for the	e purpose of	changing its	registered
11: Pursuant	to the provisions of Sections 607.0	1502 and 607.1508, FIO	rida Statutes	s, the above	e-named cor	rporation submits this statement for the	ent the annoin	ntment as rec	nistered
l office or n	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such cha	nde was aut	norizea dv	the corporat	rporation submits this statement for the tion's board of directors. I hereby acce	ept the appoin	ntment as reg	gistered
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such cha igations of, Section 607	inge was aut 7.0505, Florid	norized by Ja Statutes	the corporat	tion's board of directors. Thereby acce	ерг ше аррок	ntment as reg	gistered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changes, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP