
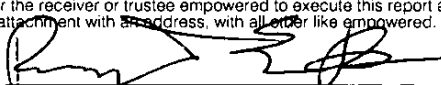


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K82227 1. Entity Name MEDICAL SURGICAL REPAIRS, INC.						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">07 SEP 17 PM 3:13</div> <div style="font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 3903 PEACOCK DRIVE WEST MELBOURNE, FL 32904 US				Mailing Address 3903 PEACOCK DRIVE WEST MELBOURNE, FL 32904			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DOWNS, ROBERT 3903 PEACOCK DRIVE MELBOURNE, FL 32904				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DOWNS, ROBERT 3903 PEACOCK DRIVE MELBOURNE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">500109712375</div> <div style="font-size: 0.9em;">09/20/07--01040--023 **550.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				4/11/07 321-432-2758			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			