

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # K91598 1. Entity Name MEDICAL DISPOSAL SYSTEMS, INC.	
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Principal Place of Business 540 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714	Mailing Address P.O. BOX 161417 ALTAMONTE SPRINGS, FL 32716-1417
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2957618	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GERJEL, GREGORY P
540 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

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 releasing) DATE _____

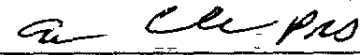
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALABRESE, EUGENE 540 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714
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04/02/05-80027-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Eugene Calabrese, Pres. March 28, 2005 407 862-5399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #