2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# M65789

Entity Name: STUART A. ROTH MEDICAL INSTRUMENTATION, INC.

Current Principal Place of Business:

C/O STUART A. ROTH
9170 SW 14TH ST. #4502
BOCA RATON, FL 33428

New Principal Place of Business:

C/O STUART A. ROTH
9170 SW 14TH ST. #4502
BOCA RATON, FL 33428 US

Current Mailing Address:

C/O STUART A. ROTH
9170 SW 14TH ST. #4502
BOCA RATON, FL 33428

New Mailing Address:

C/O STUART A. ROTH
9170 SW 14TH ST. #4502
BOCA RATON, FL 33428 US

FEI Number: 65-0027990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROTH, STUART A.
9170 SW 14TH STREET
BOCA RATON, FL 33428 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: DVPT ( ) Delete
Name: ROTH, STUART A.,
Address: 9170 SW 14 ST #4502
City-St-Zip: BOCA RATON, FL

Title: DPS ( ) Delete
Name: ROTH, LILA,
Address: 9170 SW 14 ST #4502
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPT (X) Change ( ) Addition
Name: ROTH, STUART A.,
Address: 9170 SW 14 ST #4502
City-St-Zip: BOCA RATON, FL 33428 US

Title: DPS (X) Change ( ) Addition
Name: ROTH, LILA,
Address: 9170 SW 14 ST #4502
City-St-Zip: BOCA RATON, FL 33428 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STUART A. ROTH DVPT 04/11/2006

Electronic Signature of Signing Officer or Director Date