

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90118 041 \*\*\*550.00

**DOCUMENT # P03000046883**

1. Entity Name  
**MEDICAL INTERNATIONAL DISTRIBUTORS, INC.**



Principal Place of Business  
**5 WILLARD DRIVE  
SUITE 108  
SAINT AUGUSTINE, FL 32086**

Mailing Address  
**5 WILLARD DRIVE  
SUITE 108  
SAINT AUGUSTINE, FL 32086**

44052310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**55-0828612**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **TYLECEK, JAROSLAV**  
STREET ADDRESS **5 WILLARD DRIVE #108**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **V** ☐ Delete  
NAME **TYLECEK, ZUZANA**  
STREET ADDRESS **5 WILLARD DRIVE #108**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE **V** ☐ Delete  
NAME **TYLECEK, TOMAS**  
STREET ADDRESS **5 WILLARD DRIVE #108**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32086**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04

904-471-3861

Date

Daytime Phone #