

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000111939

**1. Entity Name
C & E MEDICAL DEVICE CONSULTING, INC.**



**Principal Place of Business
4816 HIDDEN PALM PL
WEST MELBOURNE, FL 32904**

**Mailing Address
4816 HIDDEN PALM PL
WEST MELBOURNE, FL 32904**



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1489926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PAGAN, CRAIG J
4816 HIDDEN PALM PL
WEST MELBOURNE, FL 32904**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

000000513578
04/29/06-80133-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PAGAN, CRAIG J
STREET ADDRESS	4816 HIDDEN PALM PL
CITY-ST-ZIP	WEST MELBOURNE, FL 32904

TITLE	VP
NAME	PAGAN, ELFRIEDE
STREET ADDRESS	4816 HIDDEN PALM PL
CITY-ST-ZIP	WEST MELBOURNE, FL 32904

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

321-729-9186

Daytime Phone #