

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90176 027 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000111939

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



40049938



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

Mailing Address
4816 HIDDEN PALM PL
WEST MELBOURNE, FL 32904

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-1489926

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

7. Name and Address of New Registered Agent

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

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE P, S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE VP, T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-STATE-ZIP

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

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

Date

Daytime Phone #

X 4/1/07 (321) 446-4502