

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000055807

FILED
Mar 16, 2011
Secretary of State

Entity Name: MEDICAL DEVICE SERVICE & ENGINEERING, INC.

Current Principal Place of Business:

11326 POND CYPRESS STREET
FORT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

11326 POND CYPRESS STREET
FORT MYERS, FL 33913 US

New Mailing Address:

FEI Number: 27-2046274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUSS, SIMONE
11326 POND CYPRESS STREET
FORT MYERS, FL 33913 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

OFFICERS AND DIRECTORS:

Title: P
Name: KRAUSS, SIMONE
Address: 11326 POND CYPRESS STREET
City-St-Zip: FORT MYERS, FL 33913 US

I hereby 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 all other like empowered.

SIGNATURE: SIMONE KRAUSS

P

03/16/2011

Electronic Signature of Signing Officer or Director

Date