

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000040500

FILED  
Jun 14, 2012  
Secretary of State

**Entity Name:** MEDICAL INNOVATION TECHNOLOGIES, INC.

**Current Principal Place of Business:**

11001 SW 25 ST  
FORT LAUDERDALE, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

11001 SW 25 ST  
FORT LAUDERDALE, FL 33324 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREY, CHRISTOPHER D  
11001 SW 25 ST  
FORT LAUDERDALE, FL 33324 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: VCTO  
Name: GREY, CHRISTOPHER D  
Address: 11001 SW 25 ST  
City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: CFOV  
Name: GREY, EUGENE Z  
Address: 11001 SW 25 ST  
City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: PCEO  
Name: GREY, IRENE T  
Address: 11001 SW 25 ST  
City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: VP  
Name: CALLENS, IRA  
Address: 11001 SW 25 ST  
City-St-Zip: FORT LAUDERDALE, FL 33324

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: CHRISTOPHER D GREY

VCTO

06/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date