

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 APR 28 AM 10:44****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # P93000061163 (0)**

1. Corporation Name

MEDICAL EQUIPMENT DIAGNOSTICS, INC.

Principal Place of Business

**ROUTE 1, BOX 898-A
MYAKKA CITY FL 34251**

Mailing Address

**ROUTE 1, BOX 898-A
MYAKKA CITY FL 34251**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0439819

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21 427 Interstate Ct 26 427 Interstate Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 SARASOTA**28 SARASOTA**

Zip

Country

Zip

Country

24 34240 25 SARASOTA**29 34240 30 SARASOTA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEASLEY, JAY R
ROUTE 1, BOX 898-A
MYAKKA CITY FL 34251**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D/T
NAME	BEASLEY, JAY R.
STREET ADDRESS	ROUTE 1, BOX 898-A
CITY - ST - ZIP	MYAKKA CITY FL
TITLE	VP/D
NAME	BEASLEY, JANE S.
STREET ADDRESS	ROUTE 1, BOX 898-A
CITY - ST - ZIP	MYAKKA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

JAY R BEASLEY**4/2/95****(813) 379-3433**

Daytime Phone #