

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000069659 (9)

1. Corporation Name  
MED-DYNE INC.



Principal Place of Business  
20949 NE 37TH CT  
AVENTURA FL 33180

Mailing Address  
20949 NE 37TH CT  
AVENTURA FL 33180-3766

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

REHHAUT, SUSAN B  
20949 NE 37TH CT  
AVENTURA FL 33180

3. Date Incorporated or Qualified  
10/07/1993

3a. Date of Last Report  
04/22/1996

4. FEI Number  
65-0446787

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

10. Name and Address of New Registered Agent

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 of person named in registered agent's name is not required)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan B. Rehaut

3/17/97 305933 8876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display Phone #

CR2E034 (9/96)