

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000086079 (9)**

1. Corporation Name
MEDICAL ENGINEERING DEVELOPMENT CORP.

Principal Place of Business 801 PONCE DE LEON DR. FT. LAUDERDALE FL 33316	Mailing Address 801 PONCE DE LEON DR. FT. LAUDERDALE FL 33316-1248
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1993		3a. Date of Last Report 03/07/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0457062		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAIN, MICHELLE K TESCHER LIPPMAN VALINSKY & KAIN, P.A. ONE FINANCIAL PLAZA, SUITE 2308 FT. LAUDERDALE FL 33394				81 Name WARREN STURMAN 82 Street Address (P.O. Box Number is Not Acceptable) 801 PONCE DE LEON DRIVE 83 84 City FORT LAUDERDALE FL 85 Zip Code 33316			

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 *Warren Sturman* **WARREN STURMAN** DATE **4/04/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STURMAN, WARREN			1.2 NAME			
STREET ADDRESS	801 PONCE DE LEON DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33316			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLMSTEAD, DAVID			2.2 NAME			
STREET ADDRESS	614 HUNTERS LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUHLMAN, RUSSELL			3.2 NAME			
STREET ADDRESS	917 HOLLY TREE GAP RD			3.3 STREET ADDRESS	1708 COVE CREEK LANE		
CITY-ST-ZIP	BRENTWOOD TN			3.4 CITY-ST-ZIP	KNOXVILLE, TN 37919		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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: *Warren Sturman* **WARREN STURMAN** DATE **4/04/97** (954) 735-9200

CR2E034 (9/96)