

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90494 016 ***150.00

DOCUMENT # P93000086079

1. Entity Name

MEDICAL ENGINEERING DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

801 PONCE DE LEON DR.
 FT. LAUDERDALE FL 33316

801 PONCE DE LEON DR.
 FT. LAUDERDALE FL 33316

9 2 9 0 0 3

2. Principal Place of Business

2951 NW 49 AVE

3. Mailing Address

2951 NW 49 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 103

SUITE 103

City & State

City & State

LAUDERDALE LAKES, FL

LAUDERDALE LAKES, FL

Zip

Country

Zip

Country

33313

USA

33313

USA

4. FEI Number

65-0457062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN STURMAN

**801 PONCE DE LEON DRIVE
 FT LAUDERDALE FL 33316**

Name

WARREN STURMAN

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

2951 NW 49 AVENUE

SUITE 103

City

LAUDERDALE LAKES,

FL

Zip Code

33313

8. 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

Warren Sturman

WARREN STURMAN

3/05/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CSD** ☐ Delete
 NAME **STURMAN, WARREN**
 STREET ADDRESS **801 PONCE DE LEON DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **C/S/D** ☒ Change ☐ Addition
 NAME **STURMAN, WARREN**
 STREET ADDRESS **2951 NW 49 AVE, SUITE 103**
 CITY-ST-ZIP **LAUDERDALE LAKES, FL 33313**

TITLE **PD** ☐ Delete
 NAME **OLMSTEAD, DAVID**
 STREET ADDRESS **614 HUNTERS LANE**
 CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE **V/D** ☒ Change ☐ Addition
 NAME **OLMSTEAD, DAVID**

TITLE **VD** ☐ Delete
 NAME **KUHLMAN, RUSSELL**
 STREET ADDRESS **1708 COVE CREEK LANE**
 CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE **D** ☒ Change ☐ Addition
 NAME **KUHLMAN, RUSSELL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/D** ☐ Change ☒ Addition
 NAME **MONTANO, ALBERT**
 STREET ADDRESS **249 MARKET SQUARE**
 CITY-ST-ZIP **LAKE FOREST, IL 60045**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **RUBIDO, ALEXANDER**
 STREET ADDRESS **815 NW 57 AVENUE, SUITE 202**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Warren Sturman

WARREN STURMAN

3/05/2001

(954) 735-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)