

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086079

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: MEDICAL ENGINEERING DEVELOPMENT CORP.

## Current Principal Place of Business:

2951 NW 49 AVE  
SUITE 103  
LAUDERDALE LAKES, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

2951 NW 49 AVE  
SUITE 103  
LAUDERDALE LAKES, FL 33313

## New Mailing Address:

FEI Number: 65-0457062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARREN STURMAN  
2951 NW 49 AVENUE  
SUITE 103  
LAUDERDALE LAKES, FL 33313 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CSD ( ) Delete  
Name: STURMAN, WARREN  
Address: 2951 NW 49 AVE SUITE 103  
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: VD ( ) Delete  
Name: OLMSTEAD, DAVID  
Address: 614 HUNTERS LANE  
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete  
Name: KUHLMAN, RUSSELL  
Address: 1708 COVE CREEK LANE  
City-St-Zip: KNOXVILLE, TN 37919

Title: PD ( ) Delete  
Name: MONTANO, ALBERT  
Address: 249 MARKET SQUARE  
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete  
Name: RUBIDO, ALEXANDER  
Address: 815 NW 57 AVENUE  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KUHLMAN, RUSSELL  
Address: 4205 KINGSTON PIKE  
City-St-Zip: KNOXVILLE, TN 37919

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WARREN STURMAN

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04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date