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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000059491 (8) DOCUMENT

MEDICAL DEVICE DESIGNS, INC.

FILED
Mar 12 1998 8:00am
Secretary of State
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Principal Plac	ice of Business	Mailing Addre	188			17 17			
13101 56TH	COURT	13101 56TH (COURT						
604 CHEADWATE	ER FL 34620	804 CLEADWATED	EI 24630			DO NOT WRITE IN THIS SPACE			
US	EN LE GADEO	US	CLEARWATER FL 34620 US			3. Date Incorporated or Qualified			
						08/12/1994			
2. Principal I	Place of Business	2a. Mailing Ad	ddress			4. FEI Number			Applied For
អា		26				59-3261294			Not Applica
Suite, Apt	t #, etc.	Suite, Apt	#, etc					\$8.7	5 Additiona
2		27				5. Certificate of Status Desired		Fee	Required
City & Sta	ate	City & Stat	te			6. Election Campaign Financing		\$5.	00 May Be
23		28				Trust Fund Contribution		Add	ed to Fees
Zip	Country	Zip		Country	y	8. This corporation owes or has	,		
4	25	29		30		Personal Property Tax due Ju		Yes	□ No
	g. Name and Address of Cur	rent Registered Agen	<u> </u>	81	I Name	10. Name and Address of New	Registered	Agent	
	IASON & ASSOCIATES			*'	Name				
	7757 U.S. HWY 19, N., MANGR	OVE BAY		82	Street Add	dress (P.O. Box Number is Not Accep	ntable)		
	UITE 500_			L	ļ				
C	LEARWATER FL 34624			63					
				84	City			85 2	ip Code
							<u> </u>	-	•
augen i					y ino corpora				
SIGNATURE						poration submits this statement for th ation's board of directors. I hereby ac			
	Signature, typed or printed name of registere t					uired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registere t	agent and lete if applicable		Registered Ag			DATE		ORS IN 12
SIGNATURE	Stgnature, typed or pristed name of regionate OFFICERS /	agent and lete if applicable	(NO1E	Rogistered Ag		uired when reinstating)	DATE	D DIRECT	ORS IN 12
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indicated on this enhual report or supplemental amount report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or justeep appears in Block 12 or Block 13 if charged, or on an attachment with in addings.

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