2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90053 020 ***150.00

DOCUMENT # P97000026442

1. Entity Name
MEDICAL EQUIPMENT DISPOSAL SPECIALISTS, INC

Principal Place of Business	Mailing Address
5333 NW 58 TERRACE CORAL SPRINGS FL 33067	5333 NW 58 TERRACE CORAL SPRINGS FL 33067

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9856 NW 6th Court	9856 NW 6th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33324 Country: US	Zip: 33324 Country: US

4. FEI Number: 65-0739151 ☐ 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
MCGOVERN, JEFF 5333 NW 58 TERRACE CORAL SPRINGS FL 33067	Name: BRIAN McGOVERN Street Address (P.O. Box Number is Not Acceptable): 9856 NW 6th Court City: Plantation FL Zip Code: 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE x Brian McGovern DATE 4/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☑ Delete	TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	MCGOVERN, JEFF		NAME	JEFF McGOVERN	
STREET ADDRESS	5333 NW 58TH TERRACE		STREET ADDRESS	3366 BROWNLOW AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-ST-ZIP	ST. LOUIS PARK, MN 55426	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff McGovern JEFF McGOVERN 4/2/08 954-554-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #