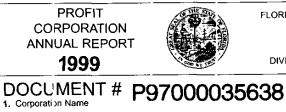
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



MEDICAL EQUIPMENT TESTING SERVICES, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90170 004 \*\*\*150.00



|--|

Principal Place of Business		Mailing Address				·			
243 SHAMROCK BLVD VENICE FL 34293		243 SHAMROCK BLVD VENICE FL 34293							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifec			
						04/22/1997			
1 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Appl ed For
<b>—</b>	lace of Business					65-0750261			Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
22	<i>π</i> , 6το.	27				5. Certifcate of Status Desired		·	Required
City & State	e	City & State	<u> </u>			6. Election Campaign Financing		\$5.00	May Be
23	-	28	<b>├</b> ──			Trust Fund Contribution			to Fees
Zip	Country	Zip				8. This corporation owes the cui	rent year lut	angible	
24	25	29	30			Personal Property Tax.	·	Yes	E[No
	9. Name and Address of Current	, <del>1 </del>				10. Name and Address of New	Registered	Agent	
			8	31 1	Name				
ROB	erts, gregory c		-	32 5	Stroot Adder	ess (P.O. Box Number is Not Accep	table)		
341	VENICE AVE WEST				Suedi Monie	ess (1.0. box (4diliber is 1401/1606)	2010)		
VENI	ICE FL 34285		8	33		,			
			_					OF 7iz	Code
			18	34 (	City		FiL	. 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	ove-n	amed co po	oration submits this statement for the	e purpose of	changing i	ts registered
office o r	egistered agent, or both, in the State of mediate familiar with, and accept the obligation	⊢ Florida. Such change was au	thorized t	ου τπε	e corporatio	on's board of directors. I hereby acce	ipt the app or	ntment as r	registered
-	m fairmar with, and accept the obligati	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	uu viaioi						
SIGNATURE	Signature, typed or printed nar ie of registered agent	and title if applicable. (NOTE: F	Registered Ag	gent sig	gnature required	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIC NS/CHANGES TO O	FFICERS //N		
TITLE	D	☐ DELETE	11 TITLE	E				Change	e ☐ Addition
NAME	TRANSUE, DAVID C		1.2 NAM	E	ļ				
STREET ADDRESS	17 T.		1.3 STRI	1.3 STREET ADDRESS					
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY	-ST-2	IP				
TITLE	VD	☐ DELETE	2.1 TITLE	E				Change	e 🔲 Addition
NAME	GUIDO, JOHN A		2.2 NAM	E	1				
STREET ADDRESS			2.3 STR	EET AD	DORESS				į
CITY-ST-ZIP	WARNER ROBINS GA 31088 2.40		2. 4 CITY	Y-\$T-Z	ZIP				
TITLE	SD	☐ DELETE	3.1 TITLE	E				Change	e ☐ Addition
NAME	TRANSUE, LINDA K		3.2 NAM	ΙE	1				ļ
STREET ADDRESS	*** ******		3.3 STR	EET AD	DORESS				
CITY-ST-ZIP	VENICE FL 34293		3.4. CIT	Y-ST-Z	ZIP				
TITLE	TD	☐ DELETE	4 1 TITLE	E				☐ Change	e 🗌 Addition
NAME	GUIDO, SYLVIA		4. 2 NAM	Æ	ļ				ļ
STREET ADDRESS	107 DIG DILLED DODGE		4.3 STR	EET AD	XXXESS				
CITY-ST-ZIP	WARNER ROBINS GA 31088		4.4 CITY	- ST-ZI	IP				
TITLE		☐ DELETE	5.1 TITLI					☐ Change	e
NAME			5.2 NAM	IE.					ł
STREET ADDRESS			5.3 STR	EET AD	DDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-Z	DP				
TITLE		☐ DELETE	6.1 TITLI	E				Change	e Addition
NAME			6,2 NAM	E					
STREET ADDRESS			63 STRI	EET AD	DDRESS				,

14. I herety 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/19 941-483-7591