

# 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

**5333 NW 58 TERRACE  
CORAL SPRINGS FL 33067**

Mailing Address

**5333 NW 58 TERRACE  
CORAL SPRINGS FL 33067**

2. Principal Place of Business - No P.O. Box #

**9856 NW 6th Court**

Suite, Apt. #, etc.

3. Mailing Address

**9856 NW 6th Court**

Suite, Apt. #, etc.

City & State

**Plantation, FL**

Zip

**33324**

Country

**US**

City & State

**Plantation, FL**

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

**MCGOVERN, JEFF  
5333 NW 58 TERRACE  
CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

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**

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

(NOTE: Registered Agent signature required when reconstituting)

**4/5/08**

DATE

**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

TITLE **P** ☒ Delete  
NAME **MCGOVERN, JEFF**  
STREET ADDRESS **5333 NW 58TH TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **JEFF MCGOVERN**  
STREET ADDRESS **3346 BROWNLOW AVE**  
CITY-ST-ZIP **ST. LOUIS PARK, MN 55426**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/08**

Date

**954-554-5336**

Phone Number