# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# N03000010303

**Entity Name:** MEDICAL STUDENTS IN ACTION, INC.

**Current Principal Place of Business:**

3700 SW 110 AVE
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

3700 SW 110 AVE
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number: 03-0536024** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

LLANES, MIKEL
3700 SW 110 AVE
MIAMI, FL 33165 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: LLANES, MIKEL
Address: 3700 SW 110 AVE
City-St-Zip: MIAMI, FL 33165

Title: VP ( ) Delete
Name: DEGENNARO, VINCE
Address: 1881 WASHINGTON AVE #8H
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete
Name: STEINER, MATHEW
Address: 1350 PENNSYLVANIA AVE #206
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete
Name: RAY, ANITA
Address: 1500 N.W. 12 AVE APT. 1719
City-St-Zip: MIAMI, FL 33136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKEL LLANES DR. 05/01/2008
Electronic Signature of Signing Officer or Director — Date