2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002534

FILED Jul 05, 2006 Secretary of State

Entity Name: MEDICAL ENGINEERING VOLUNTEERS OF FLORIDA, INCORPORATED

Current Principal Place of Business:		New Principal Place of Business:	
	SSAU STREET, SUITE 101 FL 34285		
Current Mailing Address:		New Mailing Address:	
209 S. NASSAU STREET, SUITE 101 VENICE, FL 34285		P.O. BOX VENICE, F	
n accordar	r: 65-0854519 FEI Number Applied For() FEI loce with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:	· -	
209 S. NA	S, ROBERT L SSAU STREET, SUITE 101 FL 34285 US		
	e named entity submits this statement for the purpos e of Florida.	e of changing	its registered office or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () Delete PATE, CHARLES M 900 TAMIAMI TRAIL S APT 116 VENICE, FL 34285	Title: Name: Address: City-St-Zip:	()Change ()Addition
Fitle: Name: Address: City-St-Zip:	D () Delete HAUCK, RICHRD 242 HIDDEN BAY DR #304 OSPREY, FL 34229	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HAUCK, RICHARD 228 PENSACOLA RD VENICE, FL, FL 34285 US
T:41	D () Delete CHAVETTE, GEORGE	Title: Name: Address:	D (X) Change () Addition CHARETTE, GEORGE 247 ESTRADA RD
Name: Nddress:	247 ESTRADA RD NORTH PORT, FL 34287	City-St-Zip:	NORTH PORT, FL 34287 US
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:			NORTH PORT, FL 34287 US D (X) Change () Addition BACKHAUS, KEITH 2350 SCENIC DR VENICE, FL 34293 US
Name: Address: City-St-Zip: Title: Name: Address:	NORTH PORT, FL 34287 D () Delete PARK, JAMES 308 PARKDALE DRIVE	City-St-Zip: Title: Name: Address:	D (X) Change () Addition BACKHAUS, KEITH 2350 SCENIC DR

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE ISBELL D 07/05/2006