

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000006269

1. Entity Name
THE MEI HEALTHCARE FOUNDATION INC



Principal Place of Business
**11772 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS, FL 33065**

Mailing Address
**11772 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS, FL 33065**



01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4730804

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALTZER, GORDON
11772 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE CP
NAME BALTZER, GORDON
STREET ADDRESS 11772 WEST SAMPLE ROAD, SUITE 101
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE DVP
NAME MOTI, SAM
STREET ADDRESS 280 MIRABEAU PL
CITY-ST-ZIP GORSSE POINTE FARMS, MI 48236

TITLE DVP
NAME BALTZER, MARIA
STREET ADDRESS 11772 WEST SAMPLE ROAD, SUITE 101
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE DS
NAME CORRIGAN, JR., ROBERT F
STREET ADDRESS 1301 MCKINNEY, SUITE 5100
CITY-ST-ZIP HOUSTON, TX 77010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000830887
02/26/08-80101-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:  **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11/08 **954-341-3302**
Date Daytime Phone #