2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F06000006269

Entity Name: THE MEI HEALTHCARE FOUNDATION INC

Current Principal Place of Business:

11772 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11772 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-4730804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BALTZER, GORDON
11772 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS, FL 33065 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: CP ( ) Delete
Name: BALTZER, GORDON
Address: 11772 WEST SAMPLE ROAD, SUITE 101
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DVP ( ) Delete
Name: MOTI, SAM
Address: 280 MIRABEAU PL
City-St-Zip: GORSSE POINTE FARMS, MI 48236

Title: DVP ( ) Delete
Name: BALTZER, MARIA
Address: 11772 WEST SAMPLE ROAD, SUITE 101
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DS ( ) Delete
Name: CORRIGAN, JR., ROBERT F
Address: 1301 MCKINNEY, SUITE 5100
City-St-Zip: HOUSTON, TX 77010

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: GORDON B BALTZER CP 01/14/2009
Electronic Signature of Signing Officer or Director — Date