

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000004029

1. Entity Name
GENEVA MEDICAL INC.



Principal Place of Business
**10180 RIVERSIDE DR #5
PALM BCH GARDENS, FL 33410**

Mailing Address
**2571 KANEVILLE CT
GENEVA, IL 60134 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1420886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCFARLANE, RICHARD H
10180 RIVERSIDE DR #5
PALM BCH GARDENS, FL 33410**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U00000588955
01/17/07-80094-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	KENSETH, RONALD D
STREET ADDRESS	367074 FIELDCREST
CITY-ST-ZIP	SAINT CHARLES, IL 60174
TITLE	DCP
NAME	MCFARLANE, RICHARD H
STREET ADDRESS	1190 SINGER DR
CITY-ST-ZIP	RIVIERA BCH, FL 33404
TITLE	COB
NAME	MCFARLANE, GARY G
STREET ADDRESS	2100 S OCEAN LANE, APT 1705
CITY-ST-ZIP	FORT LAUDERDALE, FL 333163827
TITLE	VS
NAME	MCFARLANE, MATTHEW S
STREET ADDRESS	39 W 551 WALT WHITMAN RD
CITY-ST-ZIP	SAINT CHARLES, IL 60175
TITLE	VT
NAME	BRIZUELA, RAUL N
STREET ADDRESS	39W 716 HENRY DAVID THOREAU PL
CITY-ST-ZIP	SAINT CHARLES, IL 60175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

1-9-07 630-232-2807 ext 112