
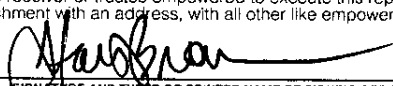


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90209 007 ***550.00

DOCUMENT # F99000003880 1. Entity Name MEDICAL DEVELOPMENT INTERNATIONAL LTD, INC.					
Principal Place of Business 19450 DEERFIELD AVE SUITE 400 LANSLOWNE, VA 20176			Mailing Address 19450 DEERFIELD AVE SUITE 400 LANSLOWNE, VA 20176		
2. Principal Place of Business 822 HWY A1A N.		3. Mailing Address same			
Suite, Apt. #, etc. 310		Suite, Apt. #, etc.			
City & State Ponte Vedra Beach, FL		City & State FL		4. FEI Number 52-1811150	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WILLICH, RICHARD R <input type="checkbox"/> Delete 14800 CONFERENCE CENTER DRIVE, STE 205 CHANTILLY, VA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 822 HWY A1A N., #310 Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICKEL, RUDOLF G <input type="checkbox"/> Delete 14800 CONFERENCE CNTR DR STE 205 CHANTILLY, VA 20151		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, MATTHEW <input type="checkbox"/> Delete 14800 CONFERENCE CENTER DRIVE, STE 205 CHANTILLY, VA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLICH, THEODORE <input type="checkbox"/> Delete 14800 CONFERENCE CENTER DRIVE, STE 205 CHANTILLY, VA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAUGH, DAVE <input type="checkbox"/> Delete 14800 CONFERENCE CENTER DRIVE, STE 205 CHANTILLY, VA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLCOTT, BRUCE <input checked="" type="checkbox"/> Delete 14800 CONFERENCE CTR. DR STE 205 CHANTILLY, VA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T STACI BROWN 822 HWY A1A N. #310 Ponte Vedra Beach, FL 32082	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			STACI BROWN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 5/8/04 Daytime Phone # 904-473-1200		

X111C