

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000003880

1. Entity Name

MEDICAL DEVELOPMENT INTERNATIONAL LTD, INC.



Principal Place of Business

**822 HWY A1A NORTH, #310
PONTE VEDRA BEACH FL 32082**

Mailing Address

**822 HWY A1A NORTH, #310
SUITE 400
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

52-1811150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PCD ☐ Delete
NAME: WILLICH, RICHARD R
STREET ADDRESS: 822 HWY A1A NORTH, #310
CITY- ST- ZIP: PONTE VEDRA BEACH FL 32082

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition
**U00000349383
05/02/05-80063-006 150.00**

TITLE: D ☐ Delete
NAME: BICKEL, RUDOLF G
STREET ADDRESS: 14800 CONFERENCE CNTR DR STE 205
CITY- ST- ZIP: CHANTILLY VA 20151

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: S ☐ Delete
NAME: RICHARDS, MATTHEW
STREET ADDRESS: 14800 CONFERENCE CENTER DRIVE, STE 205
CITY- ST- ZIP: CHANTILLY VA

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: VP ☐ Delete
NAME: WILLICH, THEODORE
STREET ADDRESS: 14800 CONFERENCE CENTER DRIVE, STE 205
CITY- ST- ZIP: CHANTILLY VA

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: FLAUGH, DAVE
STREET ADDRESS: 14800 CONFERENCE CENTER DRIVE, STE 205
CITY- ST- ZIP: CHANTILLY VA

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: T ☐ Delete
NAME: BROWN, STACI
STREET ADDRESS: 822 HWY A1A NORTH, #310
CITY- ST- ZIP: PONTE VEDRA BEACH FL 32082

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 904-473-1200
Date Day/Time Phone # **KHLC**