

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003880

FILED
Jan 05, 2007
Secretary of State

Entity Name: MEDICAL DEVELOPMENT INTERNATIONAL LTD, INC.

Current Principal Place of Business:

822 HWY A1A N
SUITE 310
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-1811150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH LAURA STREET
SUITE 2110
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WILLICH, RICHARD R
Address: 822 HWY A1A N SUITE 310
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: BICKEL, RUDOLF G
Address: 822 HWY A1A N SUITE 310
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: RICHARDS, MATTHEW
Address: 822 HWY A1A N SUITE 310
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: WILLICH, THEODORE
Address: 822 HWY A1A N SUITE 310
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: FLAUGH, DAVID
Address: 822 HWY A1A N SUITE 310
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: BROWN, STACI
Address: 822 HWY A1A N SUITE 310
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACI BROWN

T

01/05/2007

Electronic Signature of Signing Officer or Director

Date