

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005875

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL HELP INTERNATIONAL, INC.

**Current Principal Place of Business:**

6422 BUFORD KING LANE  
YOUNGSTOWN, FL 32466

**New Principal Place of Business:**

**Current Mailing Address:**

901 OAKGROVE ROAD  
DAHLONEGA, GA 30533

**New Mailing Address:**

**FEI Number:** 59-3734922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ETHERIDGE, SHARRON  
6422 BUFORD KING LANE  
YOUNGSTOWN, FL 32466 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:** D  
**Name:** BRYAN, MILDRED  
**Address:** 4475 CADIZ ROAD  
**City-St-Zip:** HOPKINSVILLE, KY 42240

**Title:** D  
**Name:** HOAR, BEN  
**Address:** 4960 BENTRIDGE DRIVE  
**City-St-Zip:** CONCORD, NC 28027

**Title:** D  
**Name:** HOAR, SUSAN  
**Address:** 4960 BENTRIDGE DRIVE  
**City-St-Zip:** CONCORD, NC 28027

**Title:** D  
**Name:** TAYLOR, CRISTA  
**Address:** 235-A MOORING CIRCLE  
**City-St-Zip:** AUSTIN, TX 78734

**Title:** P  
**Name:** ANGELIA, TRANSUE  
**Address:** 901 OAKGROVE ROAD  
**City-St-Zip:** DAHLONEGA, GA 30533

I hereby 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 all other like empowered.

**SIGNATURE:** MILDRED BRYAN

D

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date