

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90263 029 ****61.25

DOCUMENT # N03000003086 1. Entity Name MEDICAL MISSION INTERNATIONAL, INC.					
Principal Place of Business 34750 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684-2120			Mailing Address 34750 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684-2120		
2. Principal Place of Business 500 OLD COUNTRY ROAD Suite, Apt., etc. 304		3. Mailing Address 500 OLD COUNTRY ROAD Suite, Apt., etc. 304			
City & State GARDEN CITY NY Zip 11530		City & State GARDEN CITY NY Zip 11530		4. FEI Number 56-2344399	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent EINAUDI, GIAN P 34750 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684-2120					
7. Name and Address of New Registered Agent Name ROBERTO ARAUJO, MD Street Address (P.O. Box Number is Not Acceptable) 5540 CLIPPER CT. City NEW PORT RICHEY FL Zip Code 34652					
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 <u><i>[Signature]</i></u> M.D. DATE 4/6/2005 <small>Signature typed or printed name of registered agent and street applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARAUJO, ROBERTO DR. 1744 ALTERNATE 19 SOUTH TARPON SPRINGS, FL 34689				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KING, DAVID 3464 SHORELINE CIRCLE PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EINAUDI, GIAN P 34750 US HIGHWAY 19 NORTH PALM HARBOR, FL 346842120				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KING, BRADLEY D 500 OLD COUNTRY ROAD, STE 304 GARDEN CITY, NY 11530				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOMBACE, LUCILLE 500 OLD COUNTRY ROAD STE 304 GARDEN CITY, NY 11530				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KING, GISELA R				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <u><i>[Signature]</i></u> 4/19/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					