

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90052 039 ****61.25

DOCUMENT # N03000003086

1. Entity Name
MEDICAL MISSION INTERNATIONAL, INC.



Principal Place of Business
**500 OLD COUNTRY ROAD
304
GARDEN CITY, NY 11530**

Mailing Address
**500 OLD COUNTRY ROAD
304
GARDEN CITY, NY 11530**

60004400



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2344399

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARAUJO, ROBERTO MD
5540 CLIPPER XCT
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARAUJO, ROBERTO DR.
1744 ALTERNATE 19 SOUTH
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KING, GISELA R
3464 SHORELINE CIRCLE
PALM HARBOR, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EINAUDI, GIAN P
89 AVE, NORTE Y 13 CALLE PT
SAN SALVADOR, EL SALVADOR,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KING, BRADLEY D
500 OLD COUNTRY ROAD, STE 304
GARDEN CITY, NY 11530**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOMBACE, LUCILLE
500 OLD COUNTRY ROAD STE 304
GARDEN CITY, NY 11530**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/07

516-741-3434