

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003086

FILED  
May 14, 2009  
Secretary of State

Entity Name: MEDICAL MISSION INTERNATIONAL, INC.

## Current Principal Place of Business:

500 OLD COUNTRY ROAD  
304  
GARDEN CITY, NY 11530

## New Principal Place of Business:

## Current Mailing Address:

500 OLD COUNTRY ROAD  
304  
GARDEN CITY, NY 11530

## New Mailing Address:

FEI Number: 56-2344399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

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

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      ( ) Delete  
Name: ARAUJO, ROBERTO DR.  
Address: 1744 ALTERNATE 19 SOUTH  
City-St-Zip: TARPON SPRINGS, FL 34689 9

Title: D      ( ) Delete  
Name: KING, ROCHELLE B  
Address: 450 WEST END AVE # 5B  
City-St-Zip: NEW YORK, NY 10024

Title: D      ( ) Delete  
Name: EINAUDI, GIAN P  
Address: 89 AVE, NORTE Y 13 CALLE PT  
City-St-Zip: SAN SALVADOR, EL SALVADOR,

Title: D      ( ) Delete  
Name: KING, BRADLEY D  
Address: 450 WEST END AVE #5B  
City-St-Zip: NEW YORK, NY 10024

Title: D      ( ) Delete  
Name: FARRELL, SUZANNE  
Address: 1122 COLONY DRIVE  
City-St-Zip: MARIETTA, GA 30068

## 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:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADLEY KING

PRES

05/14/2009

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

\_\_\_\_\_  
Date