

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003086

FILED  
Jan 05, 2012  
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 ( )**

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

ARAUJO, ROBERTO MD  
5540 CLIPPER XCT  
NEW PORT RICHEY, FL 34652 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: ARAUJO, ROBERTO DR.  
Address: 1744 ALTERNATE 19 SOUTH  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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

Title: D  
Name: EINAUDI, GIAN P  
Address: SENDA DE US GOLONDRINAS #5A, RES 93 AVE NOR  
City-St-Zip: SAN SALVADOR, EL SALVADOR, ES ES

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

Title: D  
Name: TYREE, WILLIAM  
Address: 20 SHORE OAKS DRIVE  
City-St-Zip: STONY BROOK, NY 11790 US

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: BRADLEY KING

MR

01/05/2012

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

\_\_\_\_\_  
Date