

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000420

FILED
Aug 10, 2006
Secretary of State

Entity Name: MEDICAL CIVIC ACTION PROGRAMS INTERNATIONAL, INC.

Current Principal Place of Business:

16315 EMERALD COVE RD
WESTON, FL 33331

New Principal Place of Business:

2000 N. BAYSHORE DRIVE
#311
MIAMI, FL 33137

Current Mailing Address:

16315 EMERALD COVE RD
WESTON, FL 33331

New Mailing Address:

2000 N. BAYSHORE DRIVE
#311
MIAMI, FL 33137

FEI Number: **FEI Number Applied For (X)** **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:

CLARK, GUY M
16315 EMERALD COVE RD
WESTON, FL 33331 US

Name and Address of New Registered Agent:

CLARK, GUY M
2000 N. BAYSHORE DRIVE
#311
MIAMI, FL 33137 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: GUY M. CLARK

08/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIACH, JIM
Address: 8305 72ND AVE #301
City-St-Zip: MIAMI, FL 33163

Title: D () Delete
Name: CLARK, GUY M
Address: 16315 EMERALD COVE RD
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: GRAHAM, DEVON L
Address: 10821 SW 48TH STREET
City-St-Zip: MIAMI, FL 33165

Title: ST () Delete
Name: LARDI, SHANA E
Address: 124 RIVERWALK CIRCLE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLARK, GUY M
Address: 2000 N. BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33137

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 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: GUY M. CLARK

D

08/10/2006

Electronic Signature of Signing Officer or Director

Date