2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# N95000000726

Entity Name: MED HELP INTERNATIONAL, INC.

Current Principal Place of Business:

1393 KEYS GATE DRIVE
VIERA, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

6300 N. WICKHAM ROAD
SUITE 130, PMB 188
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3239991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, CYNTHIA G
1393 KEYS GATE DRIVE
VIERA, FL 32940 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:	PSD	( ) Delete
Name:	THOMPSON, CYNTHIA G	
Address:	1393 KEYS GATE DRIVE	
City-St-Zip:	VIERA, FL 32940 US	
Title:	VTD	( ) Delete
Name:	GARFINKEL, PHILIP T	
Address:	3 ANCHOR COURT	
City-St-Zip:	HUNTINGTON STATION, NY 11746	
Title:	D	( ) Delete
Name:	GARFINKEL, DAVID J	
Address:	3 ANCHOR COURT	
City-St-Zip:	HUNTINGTON STATION, NY 11746	
Title:	D	( ) Delete
Name:	THOMAS, ALTHEA E	
Address:	19999 KALKLOSCH RD.	
City-St-Zip:	LOGAN, OH 43138	
Title:	D	( ) Delete
Name:	GOMBESKI, JR., WILLIAM R	
Address:	89 JOSHUA TRAIL	
City-St-Zip:	MADISON, CT 06443	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:	D	(X) Change ( ) Addition
Name:	GOMBESKI, JR., WILLIAM R	
Address:	2586 EDGEHILL DRIVE	
City-St-Zip:	LEXINGTON, KY 40510	
Title:	D	( ) Change (X) Addition
Name:	FOGEL, RONALD M.D.	
Address:	4539 ROLLING RIDGE ROAD	
City-St-Zip:	W. BLOOMFIELD, MI 48323	

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: CYNTHIA G. THOMPSON PSD 01/30/2006
Electronic Signature of Signing Officer or Director — Date