

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002534

1. Entity Name
**MEDICAL ENGINEERING VOLUNTEERS OF FLORIDA,
INCORPORATED**



Principal Place of Business
**209 S. NASSAU STREET, SUITE 101
VENICE, FL 34285**

Mailing Address
**209 S. NASSAU STREET, SUITE 101
VENICE, FL 34285**



07062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0854519	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> YES	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT L
209 S. NASSAU STREET, SUITE 101
VENICE, FL 34285**

**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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000372818
07/14/05-80009-004 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATE, CHARLES M 900 TAMiami TRAIL S APT 116 VENICE, FL 34285
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUCK, RICHRD 242 HIDDEN BAY DR #304 OSPREY, FL 34229
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVETTE, GEORGE 247 ESTRADA RD NORTH PORT, FL 34287
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, JAMES 308 PARKDALE DRIVE VENICE, FL 34285
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROBERT L 1250 WATERSIDE LANE VENICE, FL 34292
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Charles M Pate, President CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6, 2005
Date

941-486-5015
Daytime Phone #