2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# N98000002534

Entity Name: MEDICAL ENGINEERING VOLUNTEERS OF FLORIDA, INCORPORATED

Current Principal Place of Business:

209 S. NASSAU STREET, SUITE 101
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

209 S. NASSAU STREET, SUITE 101
VENICE, FL 34285

New Mailing Address:

P.O. BOX 486
VENICE, FL 34284 US

FEI Number: 65-0854519 **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:

WILLIAMS, ROBERT L
209 S. NASSAU STREET, SUITE 101
VENICE, FL 34285 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: PD ( ) Delete
Name: PATE, CHARLES M
Address: 900 TAMIAMI TRAIL S APT 116
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: HAUCK, RICHRD
Address: 242 HIDDEN BAY DR #304
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete
Name: CHAVETTE, GEORGE
Address: 247 ESTRADA RD
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: PARK, JAMES
Address: 308 PARKDALE DRIVE
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: WILLIAMS, ROBERT L
Address: 1250 WATERSIDE LANE
City-St-Zip: VENICE, FL 34292

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: HAUCK, RICHARD
Address: 228 PENSACOLA RD
City-St-Zip: VENICE, FL, FL 34285 US

Title: D (X) Change ( ) Addition
Name: CHARETTE, GEORGE
Address: 247 ESTRADA RD
City-St-Zip: NORTH PORT, FL 34287 US

Title: D (X) Change ( ) Addition
Name: BACKHAUS, KEITH
Address: 2350 SCENIC DR
City-St-Zip: VENICE, FL 34293 US

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

Title: D ( ) Change (X) Addition
Name: ISBELL, BRUCE A
Address: 3696 WHISPERING OAKS DR
City-St-Zip: NORTH PORT, FL 34287 US

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: BRUCE ISBELL D 07/05/2006
Electronic Signature of Signing Officer or Director — Date