2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State
02-14-2007 90055 024 ****61.25

DOCUMENT # N98000002534

1. Entity Name

MEDICAL ENGINEERING VOLUNTEERS OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
209 S. NASSAU STREET, SUITE 101 VENICE FL 34285	P.O. BOX 486 VENICE FL 34284 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
247 ESTRADA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH PORT, FL	City & State
Zip: 34287 Country: SARASOTA	Zip Country

4. FEI Number: 65-0854519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, ROBERT L 209 S. NASSAU STREET, SUITE 101 VENICE FL 34285	Name: GEORGE CHARETTE Street Address (P.O. Box Number is Not Acceptable): 247 Estrada City: North Port FL Zip Code: 34287

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: G. H. Charette GEORGE CHARETTE 2/5/2007
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD PATE, CHARLES M 900 TAMIAMI TRAIL S APT 116 VENICE FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP/CEO	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HAUCK, RICHARD 228 PENSACOLA RD VENICE, FL FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CHARETTE, GEORGE 247 ESTRADA RD NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP/CEO/D CHARETTE, GEORGE 247 ESTRADA NORTH PORT, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BACKHAUS, KEITH 2350 SCENIC DR VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WILLIAMS, ROBERT L 1250 WATERSIDE LANE VENICE FL 34292	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PRIBE, JAMES 5048 KINGSLEY ROAD NORTH PORT, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ISBELL, BRUCE A 3696 WHISPERING OAKS DR NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D KENNEDY, GEORGE 365 TURTLEBACK CROSSING VENICE, FL 34292	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: G. H. Charette GEORGE CHARETTE 2/5/2007 941-423-1001