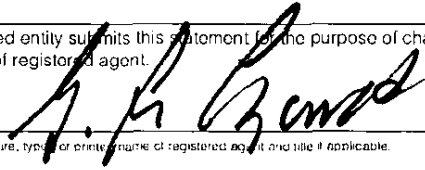
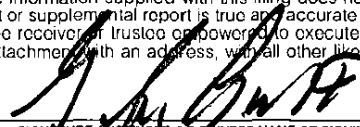


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 209 S. NASSAU STREET, SUITE 101 VENICE FL 34285			Mailing Address P.O. BOX 486 VENICE FL 34284 US		
2. Principal Place of Business - No P.O. Box # 247 ESTRADA		3. Mailing Address Suite, Apt. #, etc.			
City & State NORTH PORT, FL		City & State		4. FEI Number 65-0854519	
Zip 34287		Country SARASOTA		5. Certificate of Status Desired ☐ \$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				7. Name and Address of New Registered Agent 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 		SIGNATURE GEORGE CHARETTE		DATE 2/5/2007	
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	☐ 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	☒ Change ☐ Addition VP/CEO/D CHARETTE, GEORGE 247 ESTRADA NORTH PORT, FL 34287	
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	☐ Change ☒ Addition D PRIBE, JAMES 5040 KINGSLEY ROAD NORTH PORT, FL 34287	
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	☐ Change ☒ Addition D GEORGE KENNEDY, KENNEDY, GEORGE 365 TURTLEBACK CROSSING VENICE, FL 34292	
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: 		SIGNATURE GEORGE CHARETTE		DATE 2/5/2007	
IDENTIFICATION NUMBER 941-423-1001					