

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002534

FILED  
Feb 14, 2009  
Secretary of State

**Entity Name:** MEDICAL ENGINEERING VOLUNTEERS OF FLORIDA, INCORPORATED

**Current Principal Place of Business:**

247 ESTRADA  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 486  
VENICE, FL 34284 US

**New Mailing Address:**

**FEI Number:** 65-0854519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARETTE, GEORGE  
247 ESTRADA  
NORTH PORT, FL 34287 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: T ( ) Delete  
Name: EAST, WAYNE E  
Address: 1206 SILVER LAKE COURT  
City-St-Zip: VENICE, FL 34285 US

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

Title: D ( ) Delete  
Name: PRIBE, JAMES  
Address: 5048 KINGSLEY RD  
City-St-Zip: NORTH PORT, FL 34287

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: V.P. ( ) Change (X) Addition  
Name: STARK, JUNE  
Address: 14397 BRIDGEVIEW LANE  
City-St-Zip: PORT CHARLOTTE,, FL 33980

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE E. EAST

TREA

02/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date