2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002138

FILED Sep 02, 2005 Secretary of State

Entity Nai	me: MEDICAL D	DIRECT INTERNATIONAL	_, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	NNATI PKY ATER, FL 33765	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	NNATI PKY ATER, FL 33765	US				
FEI Number:	: 59-3616491	FEI Number Applied For ()	FEI Number Not App	icable () Cer	rtificate of Status Desi	red()
Name and	Address of Cui	rrent Registered Agent:	Name and	Address of New	Registered Agent	:
7235 FIRS ST. PETER	LAW GROUP, P T AVENUE SOU RSBURG, FL 33	JTH	ne purpose of changing i	ts registered office	or registered agen	t or both
	e of Florida.		ie parpose or onanging i	to registered emoc	or registered agen	t, or both,
SIGNATU						
		Signature of Registered	· ·		Date	
		2)(b), F.S., the corporation did rust Fund Contribution ().	d not receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PMGR () De GIEDER, JAMES F 8316 WEST FORE TAMPA, FL 33615	P EST	Title: Name: Address: City-St-Zip:	PMGR (X) Cha HEAGNEY, ERIC L 414 CINCINNATI PA CLEARWATER, FL		
Title: Name: Address: Citv-St-Zip:	VTSM () De GIEDER, JOSEPH 8954 EASTMAN D TAMPA, FL 33626	H III DR.	Title: Name: Address: City-St-Zip:	VTSM (X) Cha GIEDER, JAMES P 8954 EASTMAN DR. TAMPA, FL 33626	ange () Addition	

City-St-Zip: CLEARWATER, FL 33761 Title: MGR (X) Delete ORESTES, DESTRADE Name: Address: 10014 NEW PARKE ROAD

HEAGNEY, ERIC

() Delete

28870 U.S. HWY 19 N. #319

MGR

Title:

Name:

Address:

Title: () Change () Addition Name:

TAMPA,, FL 33626

10014 NEW PARKE RD

MGR (X) Change () Addition DESTRADE, ORESTES

Address: TAMPA, FL 33626 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC L. HEAGNEY **PMGR** 09/02/2005