

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055474

Entity Name: MEDICAL MAVERICKS, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 12122
GAINESVILLE, FL 32604 US

New Principal Place of Business:

70 ROSEMONT CIRCLE
ROCHESTER, NY 14617 US

Current Mailing Address:

PO BOX 12122
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 73-1667194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, JOHN T
PO BOX 12451
GAINESVILLE, FL 32604 US

Name and Address of New Registered Agent:

MACIEL, BRUNO C
3751 SW 20TH AVE
#19
GAINESVILLE, FL 32607 US

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: BRUNO C. MACIEL

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, JOHN T
Address: 24 BRIGHTON ST, APT 2
City-St-Zip: ROCHESTER, NY 14607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WRIGHT, JOHN T
Address: 70 ROSEMONT CIRCLE
City-St-Zip: ROCHESTER, NY 14617 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. WRIGHT

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date