


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000099570</b> 1. Entity Name <b>MEDICAL INFRASTRUCTURE, INC.</b>	
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Principal Place of Business <b>3795 W BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436</b>	Mailing Address <b>3795 W BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436</b>
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**DO NOT WRITE IN THIS SPACE**



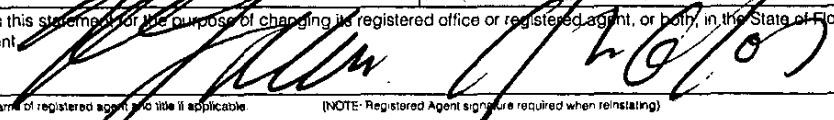
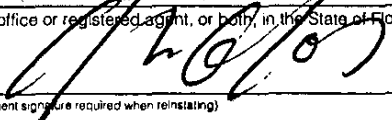
01122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>27-0069320</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**FREEMAN, MARK M.D.  
3795 W BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33436**

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: 

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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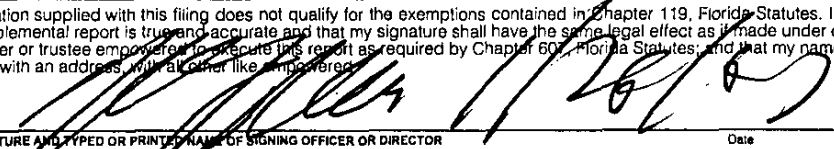
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, MARK M.D. 3795 W BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436
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01/31/07-80041-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  DATE: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR