2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2006
Secretary of State

DOCUMENT# P03000110912

Entity Name: MEDICAL INNOVATORS, INC.

Current Principal Place of Business:

2999 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

2999 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 20-0343072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEFFNER, ADAM ESQ.
1900 NW CORPORATE BLVD.
SUITE 301 WEST
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,VP ( ) Delete
Name: ALPERT, ARNOLD
Address: 2999 NORTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D,P ( ) Delete
Name: WIEDER, BRIAN
Address: 701 E. HAMPDEN, STE. 510
City-St-Zip: ENGELWOOD, CO 80110 US

Title: D,VP ( ) Delete
Name: PANTHER, ADRIAN
Address: 2999 NORTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D,VP ( ) Delete
Name: HAY, SCOTT
Address: 2999 NORTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069 US

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D,VP ( ) Change (X) Addition
Name: PANTHER, ADRIAN
Address: 2999 NORTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

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: DANIEL A. TRAVIS CFO 04/02/2006

Electronic Signature of Signing Officer or Director Date