

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075611

Entity Name: MEDICAL EXCURSIONS, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

6407 HIGHGATE DR #B  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

6407 HIGHGATE DR  
B  
DELRAY BEACH, FL 33445

## Current Mailing Address:

6407 HIGHGATE DR #B  
DELRAY BEACH, FL 33445

## New Mailing Address:

6407 HIGHGATE DR  
B  
DELRAY BEACH, FL 33445

FEI Number: 20-1433830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATH, SHYAM V  
4607 HIGHGATE DR  
B  
DELRAY BEACH, FL 33445 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 ( ) Delete  
Name: NATH, SHYAM VARAN  
Address: 6407 HIGHGATE DR #B  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Delete  
Name: GUPTA, MANISH DR  
Address: 6407 HIGHGATE DR #B  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: GOEL, LALIT  
Address: 6407 HIGHGATE DR #B  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NATH, SHYAM V  
Address: 6407 HIGHGATE DR #B  
City-St-Zip: DELRAY BEACH, FL 33445

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHYAM VARAN NATH

D

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date