
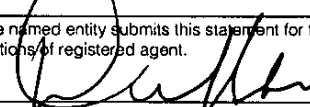
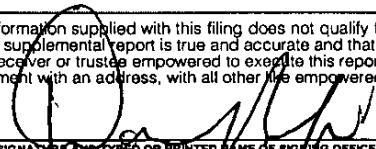


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90165 028 \*\*\*150.00

<b>DOCUMENT # P98000097428</b> 1. Entity Name <b>MAVERICK MEDICAL VENTURES, INC.</b>					
Principal Place of Business <b>3501 CATTLEMAN ROAD SUITE C SARASOTA, FL 34232</b>			Mailing Address <b>3501 CATTLEMAN ROAD SUITE C SARASOTA, FL 34232</b>		
2. Principal Place of Business <b>5922 CATTLEMAN LANE</b>		3. Mailing Address <b>5922 CATTLEMAN LANE</b>			
Suite, Apt. #, etc. <b>SUITE 101</b>		Suite, Apt. #, etc. <b>SUITE 101</b>			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>			
Zip <b>34232</b>	Country <b>SARASOTA</b>	Zip <b>34232</b>	Country <b>SARASOTA</b>	4. FEI Number <b>52-2138397</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BIBB, PETER J 3501 CATTLEMAN ROAD SUITE C SARASOTA, FL 34232</b>			7. Name and Address of New Registered Agent Name <b>PETER J. BIBB</b> Street Address (P.O. Box Number is Not Acceptable) <b>5922 CATTLEMAN LANE</b> <b>SUITE 101</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34232</b>		
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 <b>4/21/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUTHRINGER, TOM</b> <b>3501 CATTLEMAN ROAD, STE. C</b> <b>SARASOTA, FL 34232</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5922 CATTLEMAN LANE, SUITE 101</b> <b>SARASOTA, FL 34232</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BIBB, PETER</b> <b>3501 CATTLEMAN ROAD, STE. C</b> <b>SARASOTA, FL 34232</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5922 CATTLEMAN LANE, SUITE 101</b> <b>SARASOTA, FL 34232</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BAFIA, DANIEL</b> <b>3501 CATTLEMAN ROAD, STE. C</b> <b>SARASOTA, FL 34232</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5922 CATTLEMAN LANE, SUITE 101</b> <b>SARASOTA, FL 34232</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 life empowered.					
SIGNATURE: 			Date <b>4/21/2006</b> Daytime Phone #		