

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90027 036 ***150.00

DOCUMENT # P98000097428

1. Entity Name
MAVERICK MEDICAL VENTURES, INC.



Principal Place of Business
**5422 CATTLEMEN LANE
SUITE 101
SARASOTA, FL 34232**

Mailing Address
**5422 CATTLEMEN LANE
SUITE 101
SARASOTA, FL 34232**

50001614



2. Principal Place of Business - No P.O. Box #
5922 CATTLEMEN LN
Suite, Apt. #, etc.

3. Mailing Address
5922 CATTLEMEN LN
Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
52-2138397

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GIBB, PETER J
5922 CATTLEMEN LANE
SUITE 101
ELLENTON, FL 34222**

7. Name and Address of New Registered Agent

Name **KEN SMITH**
Street Address (P.O. Box Number is Not Acceptable)
5922 CATTLEMEN LN #101
City **SARASOTA** FL Zip Code **34232**

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 Signature, typed or printed name of registered agent and title if applicable.

KEN SMITH

4-24-07

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **LUTHRINGER, TOM**
STREET ADDRESS **5922 CATTLEMEN LANE SUITE 101**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **T** ☒ Delete
NAME **BIBB, PETER**
STREET ADDRESS **5922 CATTLEMEN LANE SUITE 101**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **S** ☐ Delete
NAME **BAFIA, DANIEL**
STREET ADDRESS **5922 CATTLEMEN LANE SUITE 101**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **T** ☐ Delete
NAME **KEN SMITH**
STREET ADDRESS **5922 CATTLEMEN LN #101**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

KEN SMITH

4-24-07

941-371-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
COVER LETTER 50001614

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAVERICK MEDICAL VENTURES, INC.

DOCUMENT NUMBER: P98000097428

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOROTHY MITCHELL
(Name of Contact Person)

MEDIMAGING, INC.
(Firm/ Company)

5922 CATTLEMEN LN. #101
(Address)

SARASOTA FL 34232
(City/ State and Zip Code)

For further information concerning this matter, please call:

Dorothy Mitchell at (941) 371-2000
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTACHMENT

Articles of Amendment
to
Articles of Incorporation
of

50001614

MAVERICK MEDICAL VENTURES, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P98000097428

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

AMEND ARTICLE #6: NAME OF CURRENT
REGISTERED AGENT TO: KEN SMITH

ARTICLE #10: "OFFICERS & DIRECTORS"

ADDITION: T KEN SMITH

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

ATTACHMENT

The date of each amendment(s) adoption:

6/1/2006

50001614

Effective date if applicable:

6/1/2006

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

(voting group)"

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KEN SMITH

(Typed or printed name of person signing)

VICE PRESIDENT TREASURER

(Title of person signing)

FILING FEE: \$35



ATTACHMENT

50001614

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2007

MAVERICK MEDICAL VENTURES, INC.
5922 CATTLEMEN LANE
SUITE 101
SARASOTA, FL 34232

SUBJECT: MAVERICK MEDICAL VENTURES, INC.

Ref. Number: P98000097428

We have received your document for MAVERICK MEDICAL VENTURES, INC. and check(s) totaling \$185.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

You are not required to file an amendment to change the registered agent or add an officer. Those changes should be made on the annual report form.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 607A00033123