

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097428

FILED
Apr 18, 2008
Secretary of State

Entity Name: MAVERICK MEDICAL VENTURES, INC.

Current Principal Place of Business:

5922 CATTLEMEN LN
SUITE 101
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5922 CATTLEMEN LN
SUITE 101
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 52-2138397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KEN
5922 CATTLEMEN LANE
SUITE 101
SARASOTA, FL 34232 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: S () Delete
Name: BAFIA, DANIEL
Address: 5922 CATTLEMEN LANE SUITE 101
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: SMITH, KEN
Address: 5922 CATTLEMEN LN #101
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BAFIA, DANIEL
Address: 5922 CATTLEMEN LANE SUITE 101
City-St-Zip: SARASOTA, FL 34232

Title: T/D (X) Change () Addition
Name: SMITH, KEN
Address: 5922 CATTLEMEN LN #101
City-St-Zip: SARASOTA, FL 34232

Title: D () Change (X) Addition
Name: HAWLEY, STUART W
Address: ONE CANTERBURY GREEN
City-St-Zip: STAMFORD, CT 06901

Title: D () Change (X) Addition
Name: BERARDINO, THOMAS
Address: ONE CANTERBURY GREEN
City-St-Zip: STAMFORD, CT 06901

Title: D () Change (X) Addition
Name: ALLEN, RICHARD
Address: ONE CANTERBURY GREEN
City-St-Zip: STAMFORD, CT 06901

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: KEN SMITH

T/D

04/18/2008

Electronic Signature of Signing Officer or Director

Date