2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P98000097428

Entity Name: MAVERICK MEDICAL VENTURES, INC.

Current Principal Place of Business:

5922 CATTLEMEN LN
SUITE 101
SARASOTA, FL 34232

New Principal Place of Business:

187 DANBURY ROAD
WILTON, CT 06897

Current Mailing Address:

5922 CATTLEMEN LN
SUITE 101
SARASOTA, FL 34232

New Mailing Address:

187 DANBURY ROAD
WILTON, CT 06897

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:

HAWK ISLAND LEASING II, LLC
3501 CATTLEMEN ROAD
SUITE C
SARASOTA, FL 34232 US

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: KEN SMITH 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: SAUGATUCK ASSOCIATES IV, INC.
Address: 187 DANBURY ROAD
City-St-Zip: WILTON, CT 06897

Title: O (X) Change ( ) Addition
Name: FAMILY CAPITAL GROWTH PARTNERS, L.P.
Address: TWO GREENWICH OFFICE PARK
City-St-Zip: GREENWICH, CT 06831

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

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: KEN SMITH RA 05/01/2009
Electronic Signature of Signing Officer or Director Date