

FILED

Jun 16, 2003 8:00 am
Secretary of State

05-07-2003 90168 011 ***150.00

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000005875

1. Entity Name

MEDICAL HELP INTERNATIONAL, INC.



Principal Place of Business

4607 BRIDGEDALE ROAD
PENSACOLA FL 32505

Mailing Address

4607 BRIDGEDALE ROAD
PENSACOLA FL 32505

55048497

2. Principal Place of Business

1463 SW 158 Ave.

Suite, Apt. #, etc.

3. Mailing Address

1463 SW 158 Ave

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number 59-3734922

Applied For

Not Applicable

Zip

33027

Country

U.S.

Zip

33027

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, H.C.

4607 BRIDGEDALE ROAD
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name

Allen, H.C.

Street Address (P.O. Box Number is Not Acceptable)

1463 SW 158 Ave.

City

Pembroke Pines FL

Zip Code

33027

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

H.C. Allen

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

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME ALLEN, H.C. Delete
STREET ADDRESS 4607 BRIDGEDALE ROAD
CITY-ST-ZIP PENSACOLA FL 32505

TITLE
NAME ALLEN, ROBIN Delete
STREET ADDRESS 4607 BRIDGEDALE ROAD
CITY-ST-ZIP PENSACOLA FL 32505

TITLE
NAME TRAN, MIA Delete
STREET ADDRESS 109 HONEY SUCKLE LANE
CITY-ST-ZIP SUMMERVILLE SC 29485

TITLE
NAME COLEMAN, BETTY Delete
STREET ADDRESS 1608 NORTH 7th ST
CITY-ST-ZIP PENSACOLA FL 32505

TITLE
NAME GRAFE, GWYN Delete
STREET ADDRESS 2815 SW 4 PL
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME P Allen, H.C. Change Addition
STREET ADDRESS 1463 SW 158 Ave
CITY-ST-ZIP Pembroke Pines FL 33027

TITLE
NAME Allen, Robin Change Addition
STREET ADDRESS 1463 SW 158 Ave
CITY-ST-ZIP Pembroke Pines FL 33027

TITLE
NAME Coleman, Wayne Change Addition
STREET ADDRESS 1301 Highland Circle
CITY-ST-ZIP Blacksburg, VA 24060

TITLE
NAME Coleman, Betty Change Addition
STREET ADDRESS 1301 Highland Circle
CITY-ST-ZIP Blacksburg, VA 24060

TITLE
NAME Grafe, Gwyn Change Addition
STREET ADDRESS 6895 River Falls Circle
CITY-ST-ZIP Buford, GA 30518

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

H.C. Allen REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

850-4573451

Daytime Phone #

CR2E037 (10/02)