

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005875

FILED
Apr 11, 2009
Secretary of State

Entity Name: MEDICAL HELP INTERNATIONAL, INC.

Current Principal Place of Business:

6422 BUFORD KING LANE
YOUNGSTOWN, FL 32466

New Principal Place of Business:

Current Mailing Address:

901 OAKGROVE ROAD
DAHLONEGA, GA 30533

New Mailing Address:

FEI Number: 59-3734922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHERIDGE, SHARRON
6422 BUFORD KING LANE
YOUNGSTOWN, FL 32466 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRYAN, MILDRED
Address: 4475 CADIZ ROAD
City-St-Zip: HOPKINSVILLE, KY 42240

Title: D () Delete
Name: HOAR, BEN
Address: 4960 BENTRIDGE DRIVE
City-St-Zip: CONCORD, NC 28027

Title: D () Delete
Name: BOZYNSKI, JACKIE
Address: 246 RED CORAL LANE
City-St-Zip: CADIZ, KY 42211

Title: D () Delete
Name: TAYLOR, CRISTA
Address: 235-A MOORING CIRCLE
City-St-Zip: AUSTIN, TX 78734

Title: P () Delete
Name: ANGELIA, TRANSUE
Address: 901 OAKGROVE ROAD
City-St-Zip: DAHLONEGA, GA 30533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HOAR, SUSAN
Address: 4960 BENTRIDGE DRIVE
City-St-Zip: CONCORD, NC 28027

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED BRYAN

D

04/11/2009

Electronic Signature of Signing Officer or Director

Date