

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006789

Entity Name: MEDICAL AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

6800 LITTLE BLUE LN
HARMONY, FL 34773

Current Mailing Address:

P.O. BOX 692484
ORLANDO, FL 32869 US

FEI Number: 47-4605805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ODUOR, CHARLES
6800 LITTLE BLUE LN
HARMONY, FL 34773 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|---------------------------|-----------------|-----------------|
| Title | D | Title | D |
| Name | ODUOR, CHARLES | Name | ABONYO, BARACK |
| Address | 6800 LITTLE BLUE LN | Address | 607 DENT STREET |
| City-State-Zip: | HARMONY FL 34773 | City-State-Zip: | TALL. FL 32301 |
| | | | |
| Title | D | | |
| Name | OKOMO, WALTER | | |
| Address | 207 STAHL'S WAY | | |
| City-State-Zip: | NORTH PLAINFIELD NJ 07060 | | |

I hereby 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 all other like empowered.

SIGNATURE: CHARLES ODUOR

DIRECTOR

08/25/2016

Electronic Signature of Signing Officer/Director Detail

Date