

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000085565

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC1164834062**

**Entity Name:** MEDICAL EDUCATION TRAINERS, CORP

**Current Principal Place of Business:**

12335 SW 45TH ST  
MIAMI, FL 33175

**Current Mailing Address:**

12335 SW 45TH ST  
MIAMI, FL 33175

**FEI Number: 27-3726406**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FLOR, MARY  
12335 SW 45TH ST  
MIAMI, FL 33175 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	PD	Title	STD
Name	FLOR, MARY	Name	SILVA, LEILA G
Address	12335 SW 45TH ST	Address	12335 SW 45TH ST
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

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

**SIGNATURE: MARY FLOR**

**PRESIDENT**

**01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date