

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000083156

**Entity Name:** SPECIALTY MEDICAL EDUCATION INC

**Current Principal Place of Business:**

6213 PRESIDENTIAL CT  
110  
FORT MYERS, FL 33919

**Current Mailing Address:**

6213 PRESIDENTIAL CT  
110  
FORT MYERS, FL 33919 US

**FEI Number:** 85-3201408

**Certificate of Status Desired:** No

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

SPECIALTY MEDICAL EDUCATION  
6688 DABNEY ST  
FORT MYERS, FL 33966 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:** PAMELA L FLETCHER

04/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PVST  
Name FLETCHER, PAMELA  
Address 6688 DABNEY ST  
City-State-Zip: FORT MYERS FL 33966

Title COO  
Name POSNER, DAVID  
Address 17572 BRICKSTONE LOOP  
City-State-Zip: FORT MYERS FL 33967

*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:** PAMELA L FLETCHER

PVST

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date