

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600887 (4)

1. Corporation Name

MEDICAL EDUCATION SERVICES, INC.



Principal Place of Business

4047 GOLFSIDE DR.
ORLANDO FL 32808

Mailing Address

4047 GOLFSIDE DR.
ORLANDO FL 32808

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 5594 N. ORANGE BLISSOM TR
27 Suite, Apt. #, etc. 166

28 ORLANDO, FL

29 32810 30 USA

3. Date Incorporated or Qualified
03/19/1969

3a. Date of Last Report
02/27/1995

4. FEI Number 59-1235328
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARR, SAMUEL J
4047 GOLFSIDE DR.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name SAMUEL J. BARR
82 Street Address (P.O. Box Number is Not Acceptable)
5594 N. ORANGE BLISSOM TRAIL
83 SUITE 166
84 City ORLANDO FL 85 Zip Code 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Samuel J. Barr, SAMUEL J. BARR, PRESIDENT 23 Feb 96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARR, SAMUEL J	
STREET ADDRESS	4047 GOLFSIDE DR.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BARR, SUSAN P.	
STREET ADDRESS	4047 GOLFSIDE DR.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Samuel J. Barr, SAMUEL J. BARR, PRESIDENT 23 FEB 96 (407) 774-5764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)