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| ANNUAL REPORT | | DIVISION OF | | | Secretary of State | | | |
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| MEDICAL EDUCATION SERV | ices, inc. | | | | E IMARIA AISAE MAIRY ANDAR IAIMA FA | ik þöða öndar menet | ardis Drött bi | IN A REAL TOOL |
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| rincipal Place of Business 1880 EDGEWATER DR | | illing Address 594 N ORANGE BLO | SSOM TRAIL | | | | | |
| NT DORA FL 32757 JS | S | STE 166 ORLANDO FL 32810 US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| | | | | | | | | |
| Principal Place of Business | 28. | Mailing Address | | | <u>03/19/1969</u> 4. FEI Number | | | pplied For |
| Suite, Apt #, etc | 26 | Suite, Apt. #, etc. | | | 59-1235328 | | | ot Applicab |
| | 27 | Suile, Apr. #, etc. | | | 5. Certificate of Status Desired | | | Additional lequired |
| City & State | 28 | City & State | 1 - | | 6. Election Campaign Financing Trust Fund Contribution | | Added | May Be to Fees |
| Zip Country | 29 | Zip | Count 30 | ry | This corporation owes or has Personal Property Tax due J | · _ | - ' - | itangible |
| 9. Name and Address of | Current Registe | ered Agent | 8 | 1 Name | 10. Name and Address of New | Registered A | gent | |
| BARR, SAMUEL 5594 N ORANGE BLOSSOM | TRAII | | 8 | | Iress (P.Q. Box Number is Not Accep | toble) | | |
| STE 166 | | | ð | Z Street Add | iress (P.Q. box Number is Not Accep | lable) | | |
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| ORLANDO FL 32810 | | | 8 | _ | | | | |
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