

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734257

FILED
Mar 17, 2006
Secretary of State

Entity Name: FOUNDATION FOR MEDICAL EDUCATION AND CARE, INC.

Current Principal Place of Business:

303 N. CLYDE MORRIS BLVD
ATTEN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

303 N. CLYDE MORRIS BLVD
ATTEN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-1686802 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIDSON DAVID J., ESQ
303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	TD	() Delete
Name:	DOUGLASS, WILLIAM M.D.	
Address:	555 MEMORIAL CR.	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	C/D	() Delete
Name:	CARRATT, JAMES A	
Address:	1243 S. RIDGEWOOD AVE.	
City-St-Zip:	DAYTONA BEACH, FL 32114 US	
Title:	D	() Delete
Name:	HERRERO, FRANCISCO M.D.	
Address:	303 N. CLYDE MORRIS BLVD	
City-St-Zip:	DAYTONA BEACH, FL 32114 US	
Title:	D	() Delete
Name:	MARRESE, ROXY M.D.	
Address:	201 N. CLYDE MORRIS BLVD, STE 240	
City-St-Zip:	DAYTONA BEACH, FL 32114 US	
Title:	D	() Delete
Name:	BRANOFF, RICHARD M.D.	
Address:	303 N. CLYDE MORRIS BLVD.	
City-St-Zip:	DAYTONA BEACH, FL 32114 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM DOUGLASS, M.D.

TD

03/17/2006

Electronic Signature of Signing Officer or Director

Date