2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 747921

1. Entity Name
MEDICAL EDUCATION FOUNDATION OF MIAMI, INC.

Principal Place of Business	Mailing Address
285 W ENID DRIVE KEY BISCAYNE, FL 33149	285 W ENID DRIVE KEY BISCAYNE, FL 33149

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01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1932923

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTIE, JOHN M.D.
285 W ENID DRIVE
KEY BISCAYNE, FL 33149

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHRISTIE, JOHN P M.D.
STREET ADDRESS	285 W ENID DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	TD
NAME	AMDUR, HOWARD CPA
STREET ADDRESS	11420 N KENDALL DR 202
CITY-ST-ZIP	MIAMI, FL 33149
TITLE	SD
NAME	CHRISTIE, SUSAN
STREET ADDRESS	285 W ENID DRIVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/07-80059-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J C Christie MD 2-4-07 305.586.1275
Signature and if typed or printed name of individual and title if applicable. Date Daytime Phone #