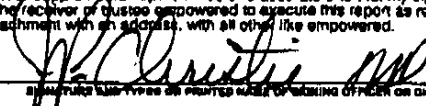


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 747921		
1. Entity Name MEDICAL EDUCATION FOUNDATION OF MIAMI, INC.		
Principal Place of Business 285 W ENID DRIVE KEY BISCAYNE, FL 33149		Mailing Address 285 W ENID DRIVE KEY BISCAYNE, FL 33149
DO NOT WRITE IN THIS SPACE		
		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		DO NOT WRITE IN THIS SPACE
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 _____ Signatures, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when re-electing)		DATE _____
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHRISTIE, JOHN P. M.D. 285 W ENID DRIVE KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMDUR, HOWARD CPA 11420 N KENDALL DR 202 MIAMI, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTIE, SUSAN 285 W ENID DRIVE MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		2-1-07 305.586.1275