2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003349

FILED Jan 28, 2005 Secretary of State

Entity Name: PROFESSIONAL MEDICAL EDUCATION ASSOCIATION INC. **New Principal Place of Business: Current Principal Place of Business:** 2119 TONDALANE GROVE CITY, OH 43123 **Current Mailing Address: New Mailing Address:** P.O. BOX 522379 MARATHON SHORES, FL 33052 FEI Number: 31-1014446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABSTEN, GREGORY T ABSTEN, GREGORY T 12 LOGGERHEAD LANE 11400 OVERSEAS HIGHWAY STE. 123 MARATHON, FL 33050 US MARATHON, FL 33050 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: 01/28/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CPT () Delete () Change () Addition ABSTEN, GREGORY Name: Name: Address: P.O. BOX 522379 Address: City-St-Zip: MARATHON SHORES, FL 33052 City-St-Zip: Title: ws () Delete Title: () Change () Addition Name: ABSTEN, LISA Name: Address: P.O. BOX 522379 Address: City-St-Zip: MARATHON SHORES, FL 33052 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREGORY T. ABSTEN EXEC 01/28/2005