

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003349

FILED
Apr 19, 2009
Secretary of State

Entity Name: PROFESSIONAL MEDICAL EDUCATION ASSOCIATION INC.

Current Principal Place of Business:

4243 DIPLOMACY DRIVE
COLUMBUS, OH 43228

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522379
MARATHON SHORES, FL 33052

New Mailing Address:

FEI Number: 31-1014446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABSTEN, GREGORY T
1361 OVERSEAS HIGHWAY #A-13
MARATHON, FL 33050 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: MR () Delete
Name: ABSTEN, GREGORY T
Address: P.O. BOX 522379
City-St-Zip: MARATHON SHORES, FL 33052

Title: MRS () Delete
Name: ABSTEN, LISA K
Address: P.O. BOX 522379
City-St-Zip: MARATHON SHORES, FL 33052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: GREGORY T ABSTEN

DIR

04/19/2009

Electronic Signature of Signing Officer or Director

Date