

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003349

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL MEDICAL EDUCATION ASSOCIATION INC.

**Current Principal Place of Business:**

3136 BROADWAY  
SUITE 101  
GROVE CITY, OH 43123

**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  
825 33RD ST  
# 17  
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  
**Name:** ABSTEN, GREGORY T  
**Address:** P.O. BOX 522379  
**City-St-Zip:** MARATHON SHORES, FL 33052

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

I hereby 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 all other like empowered.

**SIGNATURE:** LISA K. ABSTEN

MAN

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date