

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002770

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** MEDICAL EDUCATION GROUP LEARNING SYSTEMS, INC.

**Current Principal Place of Business:**

8789 SAN JOSE BLVD., STE. 306  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

8789 SAN JOSE BLVD., STE. 306  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 74-2750756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATEH, MARK A  
4828-2 BLANDING BLVD  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

BATEH, MARK A  
8789 SAN JOSE BLVD., STE. 306  
JACKSONVILLE, FL 32217 US

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:

02/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: RATLIFF, WILLIAM J  
Address: 8789 SAN JOSE BLVD., STE. 306  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D  
Name: BATEH, MARK A  
Address: 8789 SAN JOSE BLVD., STE. 306  
City-St-Zip: JACKSONVILLE, FL 32217

Title: P  
Name: MCGURRIN, JOSEPH  
Address: 8789 SAN JOSE BLVD., STE. 306  
City-St-Zip: JACKSONVILLE, FL 32217

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: MARK A. BATEH

D

02/03/2012

Electronic Signature of Signing Officer or Director

Date