

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G38101

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** MEDICAL EDUCATION INFORMATION OFFICE, INC.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD.  
SUITE 700  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD.  
SUITE 700  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-2330994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TIEN, YIFE  
901 PONCE DE LEON BLVD.  
SUITE 700  
CORAL GABLES, FL 33134 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: PSD  
Name: TIEN, YIFE  
Address: 901 PONCE DE LEON BLVD STE 700  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: CHUA, DR. LUCY T.  
Address: 901 PONCE DE LEON BLVD STE 700  
City-St-Zip: CORAL GABLES, FL 33134

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YIFE TIEN

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

PSD

02/14/2011

\_\_\_\_\_  
Date