2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004
Secretary of State

DOCUMENT# N01000006032

Entity Name: AMERICAN ASSOCIATION FOR MEDICAL EDUCATION, INC.

Current Principal Place of Business:

5205 GREENWOOD AVENUE
SUITE 200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

5205 GREENWOOD AVENUE
SUITE 200
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0848900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, RICHARD T
250 AUSTRALIAN AVENUE SOUTH
1601
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

DAVIS, RICHARD T
901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401

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: RICHARD T. DAVIS 05/07/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SADOWSKY, CARL H
Address: 5205 GREENWOOD AVE STE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD ( ) Delete
Name: MARTINEZ, WALTER
Address: 5205 GREENWOOD AVE STE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD ( ) Delete
Name: WINNER, PAUL K DO
Address: 5205 GREENWOOD AVE STE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD ( ) Delete
Name: ZUMAA, JOSE
Address: 5205 GREENWOOD AVE STE 200
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: CARL SADOWSKY PD 05/07/2004
Electronic Signature of Signing Officer or Director Date