

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001022

FILED  
Apr 07, 2008  
Secretary of State

**Entity Name:** CARIBBEAN AMERICAN MEDICAL EDUCATIONAL ORGANIZATION, INC.

**Current Principal Place of Business:**

1834 N UNIVERSITY DRIVE  
PLANTATION, FL 33322

**New Principal Place of Business:**

1218 N. PINE HILLS RD.  
ORLANDO, FL 32808

**Current Mailing Address:**

PO BOX 783801  
WINTER GARDEN, FL 347783801

**New Mailing Address:**

**FEI Number:** 03-0400369      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KEEN, RICHARD  
12152 LAKE VALLEY DRIVE  
CLERMONT, FL 34711 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: P ( ) Delete  
Name: KEEN, YVONNE  
Address: 1802 PEMBROOK CIRCLE  
City-St-Zip: CONROE, TX 77301

Title: D ( ) Delete  
Name: KEEN, DAVID A DR.  
Address: 2245 UPLAND WAY  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: PERSAD, ALIA  
Address: 8863 GOOSE LANDING CIRCLE  
City-St-Zip: COLUMBIA, MD 21045

Title: TD ( ) Delete  
Name: KEEN, RICHARD A  
Address: 12152 LAKE VALLEY DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: BINGER, ROGER  
Address: 1872 PEMBROOK CIRCLE  
City-St-Zip: CONROE, TX 77301

Title: D ( ) Delete  
Name: BINGER, DIANNE  
Address: 1872 PEMBROOK CIRCLE  
City-St-Zip: CONROE, TX 77301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: WALTERS, GILLIAN  
Address: 1802 PEMBROOK CIRCLE  
City-St-Zip: CONROE, TX 77301

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 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: RICHARD KEEN

TD

04/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date