

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001022

FILED
Mar 20, 2009
Secretary of State

Entity Name: CARIBBEAN AMERICAN MEDICAL EDUCATIONAL ORGANIZATION, INC.

Current Principal Place of Business:

1218 N. PINE HILLS RD.
ORLANDO, FL 32808

New Principal Place of Business:

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: WALTERS, GILLIAN
Address: 1802 PEMBROOK CIRCLE
City-St-Zip: CONROE, TX 77301

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

Title: () Change () Addition
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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 A KEEN

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date