

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008057**

1. Entity Name  
**TRAUMA EDUCATION INC.**



Principal Place of Business  
**2 COLUMBIA DR ROOM G417  
TAMPA, FL 33606**

Mailing Address  
**2 COLUMBIA DR ROOM G417  
TAMPA, FL 33606**



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**02-0651754**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KALLENBORN, J CELESTE RN  
2 COLUMBIA DR ROOM G417  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FLINT, LEWIS M MD
STREET ADDRESS	2 COLUMBIA DR ROOM G417
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	DURHAM, RODNEY M MD
STREET ADDRESS	2 COLUMBIA DR ROOM G417
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	KALLENBORN, J CELESTE RN
STREET ADDRESS	2 COLUMBIA DR ROOM G417
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000071556  
03/01/04-80075-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*J. Celeste Kallenborn*  
**Sec. Treasurer**

**2/25/04 813-844-4395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #