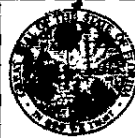


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 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



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0651754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000310678
04/18/05-80014-008 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLINT, LEWIS M MD
2 COLUMBIA DR ROOM G417
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DURHAM, RODNEY M MD
2 COLUMBIA DR ROOM G417
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KALLENBORN, J CELESTE RN
2 COLUMBIA DR ROOM G417
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 J. Celeste Kallenborn Sec/Treasurer 4/18/05 813 8444865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #