

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008057

FILED  
Aug 21, 2008  
Secretary of State

Entity Name: TRAUMA EDUCATION INC.

## Current Principal Place of Business:

2 COLUMBIA DR  
ROOM G 417  
TAMPA, FL 33606

## New Principal Place of Business:

## Current Mailing Address:

2 COLUMBIA DR  
ROOM G 417  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 02-0651754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

KALLENBORN, J CELESTE RN  
2 COLUMBIA DR  
ROOM G 417  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

MORRIS, SHERRY RN  
2 COLUMBIA DR  
ROOM G 417  
TAMPA, FL 33606 US

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: SHERRY MORRIS

08/21/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLINT, LEWIS M MD  
Address: 2 COLUMBIA DR ROOM G417  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: DURHAM, RODNEY M MD  
Address: 2 COLUMBIA DR ROOM G417  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: KALLENBORN, J CELESTE RN  
Address: 2 COLUMBIA DR ROOM G417  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: KHETARPAL, SUNEEL MD  
Address: 2 COLUMBIA DR ROOM G417  
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition  
Name: MORRIS, SHERRY RN  
Address: 2 COLUMBIA DR ROOM G417  
City-St-Zip: TAMPA, FL 33606

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: SHERRY MORRIS

D

08/21/2008

Electronic Signature of Signing Officer or Director

Date