2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N02000008057

Entity Name: TRAUMA EDUCATION INC.

Current Principal Place of Business:

2 COLUMBIA DR
ROOM G 417
TAMPA, FL 33606

New Principal Place of Business:

1 TAMPA GENERAL CIRCLE
ROOM G 417
TAMPA, FL 33606

Current Mailing Address:

2 COLUMBIA DR
ROOM G 417
TAMPA, FL 33606

New Mailing Address:

1 TAMPA GENERAL CIRCLE
ROOM G 417
TAMPA, FL 33606

FEI Number: 02-0651754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MORRIS, SHERRY RN
1 TAMPA GENERAL CIRCLE
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 03/09/2009
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: KHETARPAL, SUNEEL MD
Address: 2 COLUMBIA DR ROOM G417
City-St-Zip: TAMPA, FL 33606

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLINT, LEWIS M MD
Address: 1 TAMPA GENERAL CIRCLE, ROOM G417
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition
Name: KHETARPAL, SUNEEL MD
Address: 1 TAMPA GENERAL CIRCLE, ROOM G417
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition
Name: MORRIS, SHERRY RN
Address: 1 TAMPA GENERAL CIRCLE, 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 03/09/2009
Electronic Signature of Signing Officer or Director Date