

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008057

FILED  
May 01, 2010  
Secretary of State

Entity Name: TRAUMA EDUCATION INC.

## Current Principal Place of Business:

1 TAMPA GENERAL CIRCLE  
ROOM G 417  
TAMPA, FL 33606

## New Principal Place of Business:

## Current Mailing Address:

1 TAMPA GENERAL CIRCLE  
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:

## 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

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

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

Title: D  
Name: MORRIS, SHERRY RN  
Address: 1 TAMPA GENERAL CIRCLE, ROOM G417  
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: SHERRY MORRIS

D

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date