

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008057

FILED
Apr 29, 2011
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:

1 TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Current Mailing Address:

1 TAMPA GENERAL CIRCLE
ROOM G 417
TAMPA, FL 33606

New Mailing Address:

1 TAMPA GENERAL CIRCLE
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
1 TAMPA GENERAL CIRCLE
ROOM G 417
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MORRIS, SHERRY RN
1 TAMPA GENERAL CIRCLE
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

04/29/2011

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

04/29/2011

Electronic Signature of Signing Officer or Director

Date