

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005451

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** THE CARIBBEAN MEDICAL EDUCATION CONSULTANTS, INC.

**Current Principal Place of Business:**

6388 SQUIREWOOD WAY  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6388 SQUIREWOOD WAY  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 73-1710107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOISE, FR. BURNET REV.  
6388 SQUIREWOOD WAY  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

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:** PD  
**Name:** MOISE, FR. BURNET REV.  
**Address:** 6388 SQUIREWOOD WAY  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** VD  
**Name:** RICHARDSON, ROLEX ING.  
**Address:** 4256 FOX RIDGE DR  
**City-St-Zip:** WESTON, FL 33331

**Title:** SD  
**Name:** JEAN, YVROSE  
**Address:** 4471 N.W. 106TH AVENUE  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**Title:** M  
**Name:** CHERICHEL, ACEDA  
**Address:** 6100 SOUTH FALLS CIRCLE DRIVE  
**City-St-Zip:** LAUDERHILL, FL 33319

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:** BURNET MOISE

PD

04/27/2010

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

\_\_\_\_\_  
Date