2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# N04000005451

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:

1903 SOUTH CONGRESS AVENUE
200
BOYNTON BEACH, FL 33426

Current Mailing Address:

1903 SOUTH CONGRESS AVENUE
200
BOYNTON BEACH, FL 33426

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:

MOISE `, FR. BURNET REV.
8241 GENOVA WAY
LAKE WORTH, FL 33467 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: REV. FR. BURNET MOISE 04/16/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MOISE, FR. BURNET REV.
Address: 8241 GENOVA 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: REV. FR. BURNET MOISE PD 04/16/2012
Electronic Signature of Signing Officer or Director Date