

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000010981

1. Entity Name
CITIZENS AGAINST MEDICAL ERRORS, INC.



Principal Place of Business
**4257 DRUMMOND DR
SPRING HILL, FL 34608-3847**

Mailing Address
**4257 DRUMMOND DR
SPRING HILL, FL 34608-3847**



02132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3700242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORANA, NICHOLAS
4257 DRUMMOND DR
SPRING HILL, FL 34608-3847**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000907830
05/06/08-80004-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, SCOTT 13474 PRINCEWOOD CT SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORANA, NICHOLAS 4257 DRUMMOND DR SPRING HILL, FL 346083847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNUTSON, DONALD 6119 WAYCROSS DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURICHN, MARY ELLEN 4698 MARINER BLVD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald Knutson **DONALD KNUTSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 APR 08 (352) 686-9779

Date

Daytime Phone #