2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N05000010981

Entity Name: CITIZENS AGAINST MEDICAL ERRORS, INC.

Current Principal Place of Business:

4257 DRUMMOND DR
SPRING HILL, FL 346083847

New Principal Place of Business:

Current Mailing Address:

4257 DRUMMOND DR
SPRING HILL, FL 346083847

New Mailing Address:

FEI Number: 20-3700242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORANA, NICHOLAS
4257 DRUMMOND DR
SPRING HILL, FL 346083847 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: D ( ) Delete
Name: HOWELL, SCOTT
Address: 13474 PRINCEWOOD CT
City-St-Zip: SPRING HILL, FL 34609

Title: D ( ) Delete
Name: MORANA, NICHOLAS
Address: 4257 DRUMMOND DR
City-St-Zip: SPRING HILL, FL 346083847

Title: D ( ) Delete
Name: KNUTSON, DONALD
Address: 6119 WAYCROSS DR
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete
Name: BURICHN, MARY ELLEN
Address: 4698 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KNUTSON, DONALD
Address: 3242 ELK LANE
City-St-Zip: SPRING HILL, FL 34606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD KNUTSON D 02/08/2009

Electronic Signature of Signing Officer or Director — Date