

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010981

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**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  
**Name:** HOWELL, SCOTT  
**Address:** 9315 FOX HOLLOW LANE  
**City-St-Zip:** BROOKSVILLE, FL 34613

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

**Title:** D  
**Name:** KNUTSON, DONALD  
**Address:** 3242 ELK LANE  
**City-St-Zip:** SPRING HILL, FL 34606

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:** DONALD R., KNUTSON

D

03/03/2011

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

\_\_\_\_\_  
Date