2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N07000009407

Entity Name: COLLEGE OF MEDICINE CLASS OF 2011 INC.

Current Principal Place of Business:

1115 WEST CALL STREET
TALLAHASSEE, FL 32306

New Principal Place of Business:

Current Mailing Address:

1115 WEST CALL STREET
TALLAHASSEE, FL 32306

New Mailing Address:

FEI Number: 14-2007994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, EVAN
1115 WEST CALL STREET
TALLAHASSEE, FL 32306 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: P ( ) Delete
Name: JOHNSON, EVAN
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: VP ( ) Delete
Name: HATFIELD, JACKSON
Address: 1115 WEST CALL STREE
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: T ( ) Delete
Name: LUCKE, ASHLEY M
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: S ( ) Delete
Name: TEGEN, LANCE
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 32306 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ASHLEY LUCKE TREA 04/28/2008

Electronic Signature of Signing Officer or Director — Date