2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N08000005504

Entity Name: BIOMEDICAL EMPLOYEES EDUCATION FORUM, INC

Current Principal Place of Business:

2500 NW 79TH AVE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2500 NW 79TH AVE
MARGATE, FL 33063

New Mailing Address:

1934 N. UNIVERSITY DRIVE
STE. 447
CORAL SPRINGS, FL 33071

FEI Number: 90-0475744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REYES, ANIBAL
2500 NW 79TH AVE
MARGATE, FL 33063 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: DP ( ) Delete
Name: REYES, ANIBAL
Address: 2500 NW 79TH AVE
City-St-Zip: MARGATE, FL 33063

Title: DV ( ) Delete
Name: WINOKUR, KENNETH
Address: 2500 NW 79TH AVE
City-St-Zip: MARGATE, FL 33063

Title: DT ( ) Delete
Name: BOELTER, LINDA
Address: 2500 NW 79TH AVE
City-St-Zip: MARGATE, FL 33063

Title: DS ( ) Delete
Name: LYNN, DOUG
Address: 2500 NW 79TH AVE
City-St-Zip: MARGATE, FL 33063

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: ANIBAL REYES DP 05/04/2009
Electronic Signature of Signing Officer or Director — Date