

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008594

FILED
Apr 23, 2009
Secretary of State

Entity Name: ASSOCIATION OF MD MBA PROGRAMS, INC.

Current Principal Place of Business:

400 N. ASHLEY DRIVE, SUITE 400
TAMPA, FL 336024322

New Principal Place of Business:

400 N. ASHLEY DRIVE, SUITE 400
TAMPA, FL 336024322 US

Current Mailing Address:

400 N. ASHLEY DRIVE, SUITE 400
TAMPA, FL 336024322

New Mailing Address:

PO BOX 1636
SUNSET BEACH, CA 90742 US

FEI Number: 26-2997028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOTY, ROBIN MBA,JD
2429 CENTRAL AVENUE, SUITE 204
ST. PETERSBURG, FL 33713 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: PD () Delete
Name: CHANDLER, MARIA Y MD,MBA
Address: 400 N. ASHLEY DRIVE, SUITE 400
City-St-Zip: TAMPA, FL 336024322

Title: VPD () Delete
Name: NASH, DAVID B MD, MBA
Address: 1015 WALNUT STREET, SUITE 115
City-St-Zip: PHILADELPHIA, PA 19107

Title: SD () Delete
Name: WHITNEY, STEPHEN E
Address: 6621 FANNIN ST.,SUITE A210/MC1-1481
City-St-Zip: HOUSTON, TX 77030

Title: TD () Delete
Name: MEADOR, KAREN MD,MBA
Address: 1935 MEDICAL DISTRICT DRIVE
City-St-Zip: DALLAS, TX 75235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHANDLER, MARIA Y MD,MBA
Address: PO BOX 1636
City-St-Zip: SUNSET BEACH, CA 90742 US

Title: VPD (X) Change () Addition
Name: NASH, DAVID B MD, MBA
Address: 1015 WALNUT STREET, SUITE 115
City-St-Zip: PHILADELPHIA, PA 19107 US

Title: SD (X) Change () Addition
Name: WHITNEY, STEPHEN E
Address: 6621 FANNIN ST.,SUITE A210/MC1-1481
City-St-Zip: HOUSTON, TX 77030 US

Title: TD (X) Change () Addition
Name: MEADOR, KAREN MD,MBA
Address: 1935 MEDICAL DISTRICT DRIVE
City-St-Zip: DALLAS, TX 75235 US

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: MARIA Y CHANDLER, MD, MBA

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date