2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ASSOCIATION OF MD MBA PROGRAMS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 1636
SUNSET BEACH, CA 90742 US

New Mailing Address:

FEI Number: 26-2997028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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
Name: CHANDLER, MARIA Y MD,MBA
Address: PO BOX 1636
City-St-Zip: SUNSET BEACH, CA 90742 US

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

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

Title: TD
Name: EBERT, JAMES MD,MBA
Address: 3123 RESEARCH BLVD # 200
City-St-Zip: KETTERING, OH 45420 US

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: MARIA Y CHANDLER PD 01/30/2011

Electronic Signature of Signing Officer or Director Date