2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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Entity Name: AMERICAN ACADEMY OF PHYSICIAN EDUCATION INSTITUTE, INC.

Current Principal Place of Business:

100 E LINTON BLVD
204B
DELRAY BEACH, FL 33483

New Principal Place of Business:

100 E LINTON BLVD
308A
DELRAY BEACH, FL 33483

Current Mailing Address:

100 E LINTON BLVD
204B
DELRAY BEACH, FL 33483

New Mailing Address:

100 E LINTON BLVD
308A
DELRAY BEACH, FL 33483

FEI Number: 30-0549239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLIER, JEFFREY G
1028 E. HERITAGE CLUB CIRCLE
DELRAY BEACH, FL 33483 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
Name: HILLIER, JEFFREY G
Address: 1028 E HERITAGE CLUB CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP
Name: GORDEAU, BRETTEN C
Address: 181 PARAGON LANE
City-St-Zip: WESTFIELD, IN 46074

Title: VP
Name: HILLIER, JENNIFER
Address: 1028 E HERITAGE CLUB CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483

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: JEFFREY HILLIER ED 01/06/2010

Electronic Signature of Signing Officer or Director — Date