FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:54

DOCUMENT # N15587 (1)

1. Corporation Name
MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
C/O ~~[illegible]~~ Sr. Irene Kraus	C/O ~~[illegible]~~ Sr. Irene Kraus
5151 NORTH NINTH AVENUE	5151 NORTH NINTH AVENUE
PENSACOLA FL 32504	PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1986
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2699473 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GROVE, GARTH
5151 NORTH NINTH AVENUE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITCOMB, JOHN	1.2 NAME	BELL, WILLIAM R JR	
STREET ADDRESS	5151 N. NINTH AVENUE	1.3 STREET ADDRESS	5151 N 9TH AV	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	MCPHAIL, RONALD	2.2 NAME		
STREET ADDRESS	8303 N. DAVIS HWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	GROVE, GARTH	3.2 NAME		
STREET ADDRESS	5151 N. NINTH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KAUSCH, JOHN	4.2 NAME		
STREET ADDRESS	8383 N. DAVIS HWY	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	MCCONNELL, C. FENNER	5.2 NAME	MCCONNELL, C FENNER	
STREET ADDRESS	5151 N. NINTH AVE.	5.3 STREET ADDRESS	5151 N 9TH AV	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KRAUS, IRENE	6.2 NAME		
STREET ADDRESS	5151 N. NINTH AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Garth Grove 13 Jan 95 904/474-7101
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070074