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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: _

N15587 **DOCUMENT** #

(1)

MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.

		F PENSACOLA, INC			1011011 101 1011 1111 1111		
Incipal Place of	Business	Mailing Address					
R. IRENE KRA	us	C/O JAMES R. HARDI	MAN				
151 NORTH N		5151 NORTH NINTH A PENSACOLA FL 32504	IVENUE I			Ta. 6 : -U	
Pensacola fl 32504 US		PENGAVOLA I E SEGOT			3. Date Incorporated or Qualified 06/18/1986 01/27/1995		.eport 95
, ,,					7 - 7 - 7		oplied For
Principal Place	e of Business	2a. Mailing Address			4. FEI Number 59-2699473		ot Applicable
:Mcdical	<u>Educational Counci</u>	126 5151 N 91	th Av			\$8.75	Additional
Suite, Apt. #,		Suite, Apt. #, etc.			5. Certificate of Status Desired		equired
29151 North Ninth Avenue		City & State 28 Pensacola Florida			6. Election Campaign Financing \$5.00 May Be		
City & State :Rensacola					Trust Fund Contribution Added to Fees		
Zp	Country	Zip		Country	8. This corporation has liability for	intangible tax under s. i	199.032,
√ <i>X</i> ∷38804	1 325045 IISA	32504	30	USA		Yes No	
, p. 000 0	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	adistalan what	
				81 Name	TERRI SOX		
GROVE, GARTH				82 Street Add	"5151 NORTH NINTH AVENUE		
5151 NOF	rth ninth avenue	83		JIJI NORIII MIMII MAROD			
PENSACC	X.A FL 32504			83	PENSACOLA FL 32504		
				84 City		F1 " '	Code
		TATALOG Florida Ctob	itaa tha	phono paged corry	oration submits this statement for the pu	rpose of changing its re	egistered offic
Pursuant to registere	the provisions of Sections 617,0502 of agent, or both, in the State of Floric	and 617.1508, Florida Stati da. Such change was autho	rized by	the corporation's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	ointment as registered	agent. I am
familiar with	n, and accept the obligations of Secti	on 617.0503, Florida Statut	es.		abla	Mad 96	
IGNATURE _	Jerre/P/			stered Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND	a.a.c		13.	ADDITIONS/CHANGES TO OF		
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of) F	VD	DELETE	1	1 1 TITLE		Change	☐ Addition
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ME OF SIGNING OFFICER OR DIRECTOR

8 March 9 904/474-7165

Daytine Prices