

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90128 010 ****61.25

DOCUMENT # N15587

1. Entity Name

MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.

Principal Place of Business

MEDICAL EDUCATIONAL COUNCIL
5151 NORTH NINTH AVE
PENSACOLA FL 32504
US

Mailing Address

5151 N 9TH AVENUE
PENSACOLA FL 32504
US

2. Principal Place of Business

529 Fontaine Street
 Suite, Apt. #, etc.

Pensacola FL
 City & State

Zip
32503

Country
USA

3. Mailing Address

529 Fontaine Street
 Suite, Apt. #, etc.

Pensacola FL
 City & State

Zip
32503

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2699473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROCO, PAUL M.D.
5151 N. 9TH AVE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name
John Hybart MD
 Street Address (P.O. Box Number is Not Acceptable)
529 Fontaine St
Pensacola
 City
Pensacola **FL** Zip Code
32503

8. 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 **John Hybart MD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDEN, PATRICK 5151 N. NINTH AVE. PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, GERALD 8383 N. DAVIS HWY. PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ADELAIDA 4800 N. NINTH AVE. PENSACOLA FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAROCO, PAUL 5151 N NINTH AVE PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HYBART, JOHN 5151 N 9TH AV PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBI, DONNA 8383 N DAVIS HWY PENSACOLA FL 32514	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (9/01)