

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15587

FILED
Apr 01, 2005
Secretary of State

Entity Name: MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.

Current Principal Place of Business:

8880 UNIVERSITY PARKWAY
STE C
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

8880 UNIVERSITY PARKWAY
STE C
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-2699473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYBART, JOHN MD
8880 UNIVERSITY PARKWAY STE C
PENSACOLA, FL 32514 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: D () Delete
Name: MCLEOD, PAUL MD
Address: 8880 UNIVERSITY PKWY STE A
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: PERILLO, LOUIS MD
Address: 8383 N. DAVIS HWY.
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: TORRES, ADELAIDA
Address: 4800 N. NINTH AVE.
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: BAROCO, PAUL
Address: 5151 N NINTH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: DP () Delete
Name: HYBART, JOHN
Address: 8880 UNIVERSITY PKWY STE C
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: JACOBI, DONNA
Address: 1310 HOUND CHASE CIRCLE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN HYBART

MD

04/01/2005

Electronic Signature of Signing Officer or Director

Date