

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15587

FILED  
Mar 13, 2008  
Secretary of State

**Entity Name:** MEDICAL EDUCATIONAL 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:**

EMMANUEL, KAREN O  
5151 NORTH NINTH AVENUE  
PENSACOLA, FL 32504 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: D ( ) Delete  
Name: HYBART, JOHN  
Address: 8880 UNIVERSITY PKWY STE C  
City-St-Zip: PENSACOLA, FL 32514

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: BAROCO, PAUL MD  
Address: 5151 N NINTH AVE  
City-St-Zip: PENSACOLA, FL 32504

Title: DR. (X) Change ( ) Addition  
Name: MCLEOD, PAUL MD  
Address: 8880 UNIVERSITY PKWY STE A  
City-St-Zip: PENSACOLA, FL 32514

Title: DR. (X) Change ( ) Addition  
Name: WILSON, ROBERT MD  
Address: 8880 UNIVERSITY PKWY STE C  
City-St-Zip: PENSACOLA, FL 32514

Title: DR. (X) Change ( ) Addition  
Name: CRAMER, HARRY  
Address: 5149 N NINTH AVE  
City-St-Zip: PENSACOLA, FL 32504

Title: DR. (X) Change ( ) Addition  
Name: HYBART, JOHN  
Address: 8880 UNIVERSITY PKWY STE C  
City-St-Zip: PENSACOLA, FL 32514

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBIN KEY

MS

03/13/2008

Electronic Signature of Signing Officer or Director

Date