2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N15587

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

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

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

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

Title: DR. ( ) Delete
Name: HYBART, JOHN
Address: 8880 UNIVERSITY PKWY STE C
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:

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: PAUL BAROCO DR 01/16/2009

Electronic Signature of Signing Officer or Director — Date