

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15587

FILED  
Feb 16, 2010  
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: DR.  
Name: BAROCO, PAUL MD  
Address: 5151 N NINTH AVE  
City-St-Zip: PENSACOLA, FL 32504

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL T. BAROCO

MD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date