

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90156 028 *****61.25

DOCUMENT # N15587

1. Entity Name

MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.



Principal Place of Business

**MEDICAL EDUCATIONAL COUNCIL
529 FONTAINE STREET
PENSACOLA FL 32503
US**

Mailing Address

**MEDICAL EDUCATIONAL COUNCIL
529 FONTAINE STREET
PENSACOLA FL 32503
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2699473**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HYBART, JOHN MD
529 FONTAINE ST
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis TAYLOR	
STREET ADDRESS	8383 N. Davis Hwy	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

(850) 477-4956

CR2E037 (10/02)