

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000726

FILED
Jan 11, 2009
Secretary of State

Entity Name: MEDICAL EDUCATION FUND, INC.

Current Principal Place of Business:

1393 KEYS GATE DRIVE
VIERA, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

6300 N. WICKHAM ROAD
SUITE 130, PMB 188
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3239991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, CYNTHIA G
1393 KEYS GATE DRIVE
VIERA, FL 32940 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: PSD () Delete
Name: THOMPSON, CYNTHIA G
Address: 1393 KEYS GATE DRIVE
City-St-Zip: VIERA, FL 32940 US

Title: VTD () Delete
Name: GARFINKEL, PHILIP T
Address: 3 ANCHOR COURT
City-St-Zip: HUNTINGTON STATION, NY 11746

Title: D () Delete
Name: GARFINKEL, DAVID J
Address: 3 ANCHOR COURT
City-St-Zip: HUNTINGTON STATION, NY 11746

Title: D () Delete
Name: THOMAS, ALTHEA E
Address: 19999 KALKLOSCHE RD.
City-St-Zip: LOGAN, OH 43138

Title: D () Delete
Name: GOMBESKI, JR., WILLIAM R
Address: 2586 EDGEHILL DRIVE
City-St-Zip: LEXINGTON, KY 40510

Title: D () Delete
Name: FOGEL, RONALD M.D.
Address: 4539 ROLLING RIDGE ROAD
City-St-Zip: W. BLOOMFIELD, MI 48323

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
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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: CYNTHIA THOMPSON

PRES

01/11/2009

Electronic Signature of Signing Officer or Director

Date