2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000726

FILED Feb 08, 2012 Secretary of State

Entity Name: MEDICAL EDUCATION FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

1393 KEYS GATE DRIVE VIERA, FL 32940 US

Current Mailing Address: New Mailing Address:

6300 NORTH WICKHAM ROAD STE 130 / PMB 188 MELBOURNE, FL 32940

FEI Number: 59-3239991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, CYNTHIA G 1393 KEYS GATE DRIVE VIERA, FL 32940 US

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

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

Title: VTD

Name: GARFINKEL, PHILIP T Address: 3 ANCHOR COURT

City-St-Zip: HUNTINGTON STATION, NY 11746

Title: D

Name: GARFINKEL, DAVID J Address: 3 ANCHOR COURT

City-St-Zip: HUNTINGTON STATION, NY 11746

Title:

Name: THOMAS, ALTHEA E
Address: 4212 WEST SCENIC AVENUE

City-St-Zip: MEQUON, WI 53092

Title: D

Name: GOMBESKI, JR., WILLIAM R Address: 2586 EDGEHILL DRIVE City-St-Zip: LEXINGTON, KY 40510

Title: [

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

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: CYNTHIA THOMPSON PRES 02/08/2012