

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000840

FILED
Jul 15, 2004
Secretary of State**Entity Name:** AMERICAN ASSOCIATION FOR MEDICAL EDUCATION (AAME), INC.**Current Principal Place of Business:**5205 GREENWOOD AVE.
SUITE 200
WEST PALM BEACH, FL 33401**New Principal Place of Business:**4631 N. CONGRESS AVENUE
SUITE 200
WEST PALM BEACH, FL 33407**Current Mailing Address:**5205 GREENWOOD AVE.
SUITE 200
WEST PALM BEACH, FL 33401**New Mailing Address:**4631 N. CONGRESS AVENUE
SUITE 200
WEST PALM BEACH, FL 33407**FEI Number:** 22-3864358**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIS, RICHARD T
ONE CLEARLAKE CENTRE, STE 1601
250 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**DAVIS, RICHARD T
901N. OLIVE AVENUE
WEST PALM BEACH, FL 33401 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: RICHARD T. DAVIS

07/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SADOWSKY, CARL MD
Address: 5205 GREENWOOD AVE. SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: WINNER, PAUL DO
Address: 5205 GREENWOOD AVE. SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MARTINEZ, WALTER DR.
Address: 5205 GREENWOOD AVE. SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SADOWSKY, CARL MD
Address: 4631 N. CONGRESS AVE. SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change () Addition
Name: WINNER, PAUL DO
Address: 4631 N. CONGRESS AVE. SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change () Addition
Name: MARTINEZ, WALTER DR.
Address: 4631 N. CONGRESS AVE. SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARL SADOWSKY

D

07/15/2004

Electronic Signature of Signing Officer or Director

Date