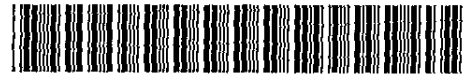


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000840 1. Entity Name AMERICAN ASSOCIATION FOR MEDICAL EDUCATION (AAME), INC.																																																																											
Principal Place of Business 4631 N. CONGRESS AVENUE SUITE 200 WEST PALM BEACH FL 33407			Mailing Address 4631 N. CONGRESS AVENUE SUITE 200 WEST PALM BEACH FL 33407																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																								
City & State			City & State																																																																								
Zip		Country		Zip																																																																							
Country		4. FEI Number 22-3864358 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent DAVIS, RICHARD T 901N. OLIVE AVENUE WEST PALM BEACH FL 33401				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 <u>Richard T Davis</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE</small>																																																																											
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																							
Make Check Payable to Florida Department of State																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>D</td> <td>SADOWSKY, CARL MD</td> <td>4631 N. CONGRESS AVE. SUITE 200 WEST PALM BEACH FL 33407</td> <td></td> </tr> <tr> <td></td> <td>D</td> <td>WINNER, PAUL DO</td> <td>4631 N. CONGRESS AVE. SUITE 200 WEST PALM BEACH FL 33407</td> <td></td> </tr> <tr> <td></td> <td>D</td> <td>MARTINEZ, WALTER DR.</td> <td>4631 N. CONGRESS AVE. SUITE 200 WEST PALM BEACH FL 33407</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>		D	SADOWSKY, CARL MD	4631 N. CONGRESS AVE. SUITE 200 WEST PALM BEACH FL 33407			D	WINNER, PAUL DO	4631 N. CONGRESS AVE. SUITE 200 WEST PALM BEACH FL 33407			D	MARTINEZ, WALTER DR.	4631 N. CONGRESS AVE. SUITE 200 WEST PALM BEACH FL 33407						Delete <input type="checkbox"/>					Delete <input type="checkbox"/>					Delete <input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																														
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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: <u>C. Sadowsky</u> 4/22/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																											



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