FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91161 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069924

1. Entity Name

THE CENTER FOR MEDICAL EDUCATION AND RESEARCH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
511 W. BAY ST	511 W. BAY STREET
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc. SUITE 301
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33606 Country USA	Zip 33606 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3660177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name EVANS, AVERY J.

Street Address (P.O. Box Number is Not Acceptable) 511 W. BAY STREET SUITE 301

City TAMPA, FL FL Zip Code 33606

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	EVANS, AVERY J	NAME	
STREET ADDRESS	511 W. BAY STREET SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	ZWIEBEL, BRUCE R.	NAME	
STREET ADDRESS	511 W. BAY STREET SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	STENZLER, STEPHEN A.	NAME	
STREET ADDRESS	511 W. BAY STREET SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BLACK, THOMAS J.	NAME	
STREET ADDRESS	511 W. BAY STREET SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MARTINEZ, CARLOS R.	NAME	
STREET ADDRESS	511 W. BAY STREET SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowerment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #