FILED Feb 01, 2005 8:00 am Secretary of State

2005	FOR PROFIT CORPORA	1TION
	ANNUAL REPORT	

		<u> </u>		,	٦	02-01-2005	9001 <i>8</i> 0	31 ***150	<u> </u>
DOCUMENT # P02000059349 1. Entity Name INSTITUTE FOR MEDICAL EDUCATION & RESEARCH, INC.					4	UUUU3871		51 15	0.00
Principal Plac	e of Business	Mailing Address		·	7		,		
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1100 NE 16	3KD 21KEE1	1100 NE 163RD STREET	j						
SUITE 304		SUITE 304							
, n miami bea	ACH, FL 33162	N MIAMI BEACH, FL 331	62		A PERMIT	rāles nem sem sem sem sem	(EC:21 C111= 11		11881 (1 1881
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Principal P	Place of Business	3. Mailing Address							
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Suite, Apt.		Suite, Apt. #, etc.	- 1			Ohr D	0005	nn 4 (4 0 (00)	
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City & Stat		City & State	ΞĚ		T-4 FET Numeria	رين ۾ هن شهيد ي آن		Δη	plied For
	miami, FL.	North miam	i, 1	-	22-3858				t Applicable
700 1 771					22-3030	200			
と发える	81 Country U.S.A.	Zip 33181	Cour	U.S.A	5. Certificate	of Status Desired		\$8.75 Add	
201	01 0.21	9 3/8/		u s ···	<u>.</u>			Fee Require	d
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered .	Agent	
				Name					
TRUPKIN,	, MADELYN ,			L	<u> </u>	·			
1100 NE 1	63RD STREET			Street Address	(P.O. Box Numbe	r is Not Acceptable)		
SUITE 304	4								
N MIAMI B	BEACH, FL 33162			1					
	·			City				Zip Code	
				City			FL	_ Zip Coo	8
8 The above	named entity submits this statement for	the purpose of changing its re	onister	ed office or registe	ered agent, or hot	in the State of Flo	rida Lam	familiar with	and accent
	tions of registered agent.	the polipode of changing no h	og.o.o.	oo omoo b. rogiote	area agoin, or se.	1, 111 110 01010 01 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tarimar vitari,	and doopt
SIGNATURE.									
	Signature, typed or printed name of registered agent a	nd tife if applicable. (NOTE:	Registere	id Agent signature require	ed when reinstating)		DATE		
				· · · · · · · · · · · · · · · · · · ·			-		
	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Finai	ncing \$5	5.00 May Be				
After M	ay 1, 2005 Fee will be \$550.0	O Trust Fund Contril	bution.	_ □ Ādi	ded to Fees				
				•		•			
10.	OFFICERS AND	DIRECTORS	11.	···	ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE	D	`□ Delete	TITL	E				☐ Change	☐ Addition
NAME	TRUPKIN, MADELYN		NAM	ne !					
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	IN WIAWII BEACH, PE 33102		-						
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NAME		☐ Delets	TITE NAM STR	tE .				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		TITE NAM STRI CITY	RE EET ADDRESS (-ST-ZIP	Section 119 07/31/). Florida Statutee	further co		
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	certify that the information supplied with	this filling does not qualify for true and accurate and that m	TITE NAM STR CITI	EEF ADDRESS (-ST-ZIP emption stated in S	section 119.07(3)(e same legal effec), Florida Statutes. Las if made under d	I further ce	rtify that the in	nformation or director
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