

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059349

FILED
Feb 05, 2009
Secretary of State

Entity Name: INSTITUTE FOR MEDICAL EDUCATION & RESEARCH, INC.

Current Principal Place of Business:

12000 BISCAYNE BLVD
STE 300
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

7501 WISCONSIN AVENUE
SUITE 705
BETHESDA, MD 20814

New Mailing Address:

FEI Number: 22-3858266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: TRUPKIN-HERZFELD, MADELYN
Address: 12000 BISCAYNE BLVD., STE 300
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP () Delete
Name: MARIANO, JOHN
Address: 7501 WISCONSIN AVENUE, STE 705
City-St-Zip: BETHESDA, MD 20814

Title: TREA () Delete
Name: GLOSSNER, JESSE
Address: 7501 WISCONSIN AVENUE, STE 705
City-St-Zip: BETHESDA, MD 20814

Title: ASEC () Delete
Name: SAHNI, RITA
Address: 7501 WISCONSIN AVENUE, STE. 705
City-St-Zip: BETHESDA, MD 20814

Title: DIRE () Delete
Name: CLEIN, MARK
Address: 7501 WISCONSIN AVENUE, STE 705
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ABDALLA, JOE
Address: 12000 BISCAYNE BLVD., STE 300
City-St-Zip: NORTH MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA SAHNI

ASEC

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date