

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059349

FILED
May 25, 2012
Secretary of State

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

Current Principal Place of Business:

12550 BISCAYNE BLVD
STE 900
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

4445 WILLARD AVE.
12TH FLOOR
CHEVY CHASE, MD 20815

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:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: HALL, JEFFREY L
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: VP
Name: EBLING, KEITH J
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: SEC
Name: AKINS, MARTIN P
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: ASEC
Name: ELLIOTT, KELLEY
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: ASEC
Name: MCGINNIS, CHRISTOPHER A
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: DIR
Name: HALL, JEFFREY L
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER A. MCGINNIS

ASEC

05/25/2012

Electronic Signature of Signing Officer or Director

Date