2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P04000042289

Entity Name: HILL MEDICAL EDUCATION INC.

Current Principal Place of Business:

4938 SW 66 TERRACE
DAVIE, FL 33314

New Principal Place of Business:

4216 ADAMS STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

4938 SW 66 TERRACE
DAVIE, FL 33314

New Mailing Address:

4216 ADAMS STREET
HOLLYWOOD, FL 33021

FEI Number: 20-1667020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, BRUCE
4938 SW 66 TERRACE
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

HILL, BRUCE
4216 ADAMS STREET
HOLLYWOOD, FL 33021 US

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: 04/28/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HILL, BRUCE
Address: 4938 SW 66 TERRACE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HILL, BRUCE
Address: 4216 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: BRUCE HILL P 04/28/2008
Electronic Signature of Signing Officer or Director — Date