

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90071 017 \*\*\*150.00

**DOCUMENT # P04000145766**

1. Entity Name  
**MEDICAL EDUCATION SERVICES, INC.**



Principal Place of Business      Mailing Address  
**901 PONCE DE LEON BOULEVARD**      **901 PONCE DE LEON BOULEVARD**  
**SUITE 401**      **SUITE 401**  
**CORAL GABLES, FL 33134 US**      **CORAL GABLES, FL 33134 US**

**66016555**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01112005      Chg-P      CR2E034 (10/03)

4. FEI Number **20-1359253**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLACK, DAVID R ESQ.**  
**1200 BRICKELL AVENUE**  
**SUITE 750**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AMERICAN UNIVERSITY OF THE CARIBBEAN N.V.	
STREET ADDRESS	JORDAN ROAD, CUPECOY	
CITY-ST-ZIP	ST. MAARTEN, NA 11111	
TITLE	D,P	<input type="checkbox"/> Delete
NAME	TIEN, YIFE	
STREET ADDRESS	901 PONCE DE LEON BOULEVARD, SUITE 401	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       **4-12-05**      **305-446-0600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #