

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000145766

1. Entity Name
MEDICAL EDUCATION SERVICES, INC.



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

Mailing Address
901 PONCE DE LEON BOULEVARD
SUITE 401
CORAL GABLES, FL 33134 US

FILED
May 01, 2006 08:00 AM
Secretary of State



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1859253

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME AMERICAN UNIVERSITY OF THE CARIBBEAN N.V.
STREET ADDRESS JORDAN ROAD, CUPECOY
CITY-ST-ZIP ST. MAARTEN, NA 11111

TITLE D,P
NAME TIEN, YIFE
STREET ADDRESS 901 PONCE DE LEON BOULEVARD, SUITE 401
CITY-ST-ZIP CORAL GABLES, FL 33134

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000000558370
05/17/06-80008-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06 305-446-0600