

2007 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
Apr 23, 2007 08:00 A
Secretary of State



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1859253

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000722952
05/02/07-80052-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AMERICAN UNIVERSITY OF THE CARIBBEAN N.V.
JORDAN ROAD, CUPECYO
ST. MAARTEN, NA 11111

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

4/18/07 305-446-0600