

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145766

FILED
Jul 07, 2008
Secretary of State

Entity Name: MEDICAL EDUCATION SERVICES, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 20-1859253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

New Principal Place of Business:

901 PONCE DE LEON BOULEVARD
SUITE 700
CORAL GABLES, FL 33134 US

New Mailing Address:

901 PONCE DE LEON BOULEVARD
SUITE 700
CORAL GABLES, FL 33134 US

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AMERICAN UNIVERSITY, OF THE CARIBBE A N N.V.
Address: JORDAN ROAD, CUPECOY
City-St-Zip: ST. MAARTEN, NA 11111 NA

Title: D,P () Delete
Name: TIEN, YIFE
Address: 901 PONCE DE LEON BOULEVARD, SUITE 401
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YIFE TIEN

D, P

07/07/2008

Electronic Signature of Signing Officer or Director

Date