

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145766

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-1859253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** TIEN, YIFE  
**Address:** 901 PONCE DE LEON BOULEVARD, SUITE 700  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: YIFE TIEN

DPST

02/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date