## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000019193

Entity Name: MED-AMERICAN HEALTH & TECHNOLOGY INSTITUTE, INC

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 2129 S STATE RD 7
 1026 SOUTH 56TH AVENUE

 HOLLYWOOD, FL 33023
 HOLLYWOOD, FL 33023

Current Mailing Address: New Mailing Address:

PO BOX 8445 DELRAY BEACH, FL 33482

FEI Number: 32-0240512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEM'S AUTO SALES

2129 SS RD 7

HOLLYWOOD, FL 33023 US

JEAN PHILYPPE, RIKEM

104 NORTH WEST 5TH AVENUE

DELRAY BEACH, FL 33444 US

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: RIKEM JEAN PHILYPPE 03/09/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PHILIPPE, RIKEM J JEAN PHILYPPE, RIKEM Name: Name: 2129 S STATE RD 7 104 NORTH WEST 5TH AVENUE Address: Address: City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: DELRAY BEACH, FL 33444

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: CEUS, FRANCESSE Name: CEUS, FRANCESSE

Address: 2129 S STATE RD 7 Address: 104 NORTH WEST 5TH AVENUE City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: DELRAY BEACH, FL 33444

( ) Delete Title: (X) Change ( ) Addition Title: LOUREDAN, MARIE L JEAN PHILYPPE, KEMSON R Name: Name: 2129 S STATE RD 7 104 NORTH WEST 5TH AVENUE Address: Address: City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: DELRAY BEACH, FL 33444

Title: ( ) Delete Title: C ( ) Change (X) Addition
Name: Name: JEAN PHILYPPE, KEMMY R
Address: Address: 104 N W 5TH AVENUE

 Address:
 Address:
 104 N W 5TH AVENUE

 City-St-Zip:
 City-St-Zip:
 DELRAY BEACH, FL 33444

 Title:
 ( ) Delete
 Title:
 C ( ) Change (X) Addition

 Name:
 Name:
 JEAN PHILYPPE, VANESSA R

 Address:
 Address:
 104 N W 5TH AVENUE

 City-St-Zip:
 City-St-Zip:
 DELRAY BEACH, FL 33444

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: RIKEM JEAN PHILYPPE P 03/09/2009