

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107934

Entity Name: ST. KITTS MEDICAL SCHOOL, INC.

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

180 PARK AVENUE NORTH, SUITE 2A
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

180 PARK AVENUE NORTH, SUITE 2A
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 26-3868775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, TUCKER H
180 PARK AVENUE NORTH, SUITE 2A
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BYRD, TUCKER H
1770 SPRUCE AVENUE
WINTER PARK, FL 32789 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: TUCKER H BYRD

05/05/2009

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: BYRD, TUCKER H
Address: 180 PARK AVENUE NORTH, SUITE 2A
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: DIXON, SEWELL H
Address: 18 RHETTS BLUFF RD
City-St-Zip: KIAWAH ISLAND, SC 29455

Title: D () Delete
Name: WILLWOCK, JEFFREY C
Address: 8275 SENTINAE CHASE DRIVE
City-St-Zip: ROSWELL, GA 30076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BYRD, TUCKER H
Address: 1770 SPRUCE AVENUE
City-St-Zip: WINTER PARK, FL 32789

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: TUCKER H BYRD

D

05/05/2009

Electronic Signature of Signing Officer or Director

Date