

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000078602

FILED
Apr 26, 2012
Secretary of State

Entity Name: PALM BEACH MEDICAL EDUCATION CORPORATION

Current Principal Place of Business:

4 HARVARD CIRCLE
SUITE 800
W. PALM BCH, FL 33409

New Principal Place of Business:

Current Mailing Address:

4 HARVARD CIRCLE
SUITE 800
W. PALM BCH, FL 33409

New Mailing Address:

FEI Number: 27-3617106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINI, CARLOS MD
4 HARVARD CIRCLE, SUITE 800
W. PALM BCH, FL 33409 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: CD
Name: MARTINEZ, PEDRO L
Address: 4 HARVARD CIRCLE, SUITE 800
City-St-Zip: W. PALM BCH, FL 33409

Title: PCEO
Name: MARTINI, CARLOS MD
Address: 4 HARVARD CIRCLE, SUITE 800
City-St-Zip: W. PALM BCH, FL 33409

Title: VC
Name: LAVERNIA, ENRIQUE MD
Address: 4 HARVARD CIRCLE, SUITE 800
City-St-Zip: W. PALM BCH, FL 33409

Title: S
Name: LAVERNIA, MILTON
Address: 4 HARVARD CIRCLE, SUITE 800
City-St-Zip: W. PALM BCH, FL 33409

Title: D
Name: ALTSCHULER, HAROLD MD
Address: 4 HARVARD CIRCLE, SUITE 800
City-St-Zip: W. PALM BCH, FL 33409

Title: D
Name: CHEDIAK, NIDIA MD
Address: 4 HARVARD CIRCLE, SUITE 800
City-St-Zip: W. PALM BCH, FL 33409

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: CARLOS MARTINI, MD

PCEO

04/26/2012

Electronic Signature of Signing Officer or Director

Date