

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041880 (3)

1. Corporation Name

DOCTORS MEDICAL EDUCATORS



Principal Place of Business

437 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114

Mailing Address

437 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 26 135 E INTN'L SPEEDWAY BLVD

4. FEI Number

59-3232476

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 SUITE# 7

23 Zip

Country

24 25 32118

Zip

Country

28 DAYTONA BEACH FL

30 VOLUSIA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETKER, LAWRENCE R
437 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS PETKER, LAWRENCE R
CITY - ST - ZIP 437 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
STREET ADDRESS UPTON, MICHAEL R
CITY - ST - ZIP 1220 THOMPSON PLACE
DAYTONA BEACH FL 32118

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME S
STREET ADDRESS PETKER, SANDY
CITY - ST - ZIP 437 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME T
STREET ADDRESS UPTON, BRENDA
CITY - ST - ZIP 437 N CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE R PETKER

4/24/96 (904) 257-5510
Date Daytime Phone #

CR2E034 (12/95)