

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027359

FILED
Jan 12, 2004
Secretary of State

Entity Name: PROFESSIONAL MEDICAL EDUCATION, INC.

Current Principal Place of Business:

6634 BLUE BAY CIR.
LAKE WORTH, FL 33467 US

New Principal Place of Business:

9563 SEDGWOOD DRIVE
LAKE WORTH, FL 33467 US

Current Mailing Address:

6634 BLUE BAY CIR.
LAKE WORTH, FL 33426 US

New Mailing Address:

9563 SEDGWOOD DRIVE
LAKE WORTH, FL 33426 US

FEI Number: 65-0758282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNG, TED
6634 BLUE BAY CIRCLE
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

YOUNG, TED
9563 SEDGWOOD DRIVE
LAKE WORTH, FL 33467

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:

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YOUNG, TED
Address: 6634 BLUE BAY CIR
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: YOUNG, TED
Address: 9563 SEDGWOOD DRIVE
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TED YOUNG

DIR

01/12/2004

Electronic Signature of Signing Officer or Director

Date