

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104213

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL, EDUCATIONAL & TRAINING SERVICES, INC.

**Current Principal Place of Business:**

13048 SW 133 CT  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

13048 SW 133 CT  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 65-0806724      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GUTIERREZ, VIVIAN  
13048 SW 133 CT  
MIAMI, FL 33186 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: PRES  
Name: GUTIERREZ, VIVIAN LCSW  
Address: 13048 SW 133 CT  
City-St-Zip: MIAMI, FL 33186 US

Title: SEC  
Name: GUTIERREZ, MELANIE  
Address: 13048 SW 133 CT  
City-St-Zip: MIAMI, FL 33186 US

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: VIVIAN GUTIERREZ

PRES

01/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date