

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004672

Entity Name: MEDICAL ADVANCES IN RESEARCH, TECHNOLOGY AND EDUCATION FOUNDATION, INC.**FILED**
Apr 23, 2015
Secretary of State
CC2510261588**Current Principal Place of Business:**12903 PEPPER PL
TAMPA, FL 33624**Current Mailing Address:**12903 PEPPER PL
TAMPA, FL 33624 US**FEI Number: 46-2821834****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ZABETAKIS, MARIA E
12903 PEPPER PL
TAMPA,, FL 33624 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name ZOIPOULOS, LYNN DR
Address 8580 W FOSTER AVENUE
City-State-Zip: NORRIDGE IL 70706Title D
Name HEIKKINEN, AL
Address 8580 W FOSTER AVENUE
City-State-Zip: NORRIDGE IL 70706Title D
Name ZABETAKIS, MARIA E
Address 12903 PEPPER PL
City-State-Zip: TAMPA FL 33624Title P
Name ZABETAKIS, MARIA E
Address 12903 PEPPER PL
City-State-Zip: TAMPA FL 33624Title S
Name BAKIRDGI, JOAN
Address 4510 S CLARK AVENUE
City-State-Zip: TAMPA FL 33611Title T
Name HUME, DONALD
Address 4507 9TH ST W
City-State-Zip: BRADENTON FL 34207Title D
Name HOLCOMB, JULIE
Address 3103 W BAY VILLA AVENUE UNIT 1
City-State-Zip: TAMPA FL 33611

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA ZABETAKIS**PRESIDENT****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date