

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15587

Entity Name: MEDICAL EDUCATIONAL COUNCIL OF PENSACOLA, INC.**Current Principal Place of Business:**11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
PENSACOLA, FL 32514**Current Mailing Address:**11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
PENSACOLA, FL 32514 US**FEI Number:** 59-2699473**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEMAN, JENNA P
11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
PENSACOLA, FL 32514 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:** JENNA COLEMAN, MA, CCMEP

01/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD VICE PRESIDENT
Name MCLEOD, PAUL MD
Address 11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
City-State-Zip: PENSACOLA FL 32514

Title BOARD PRESIDENT
Name WILSON, ROBERT K JR., MD
Address 11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
City-State-Zip: PENSACOLA FL 32514

Title BOARD MEMBER
Name HYBART, JOHN MD
Address 11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
City-State-Zip: PENSACOLA FL 32514

Title EXECUTIVE DIRECTOR
Name COLEMAN, JENNA P MA, CHCP
Address 11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
City-State-Zip: PENSACOLA FL 32514

Title BOARD MEMBER
Name SAKCS, ALAN MD
Address 11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
City-State-Zip: PENSACOLA FL 32514

Title BOARD MEMBER
Name FARMER, CHARLES MD
Address 11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
City-State-Zip: PENSACOLA FL 32514

Title OTHER, BOARD MEMBER
Name MEHTA, MARY B MD
Address 11000 UNIVERSITY PARKWAY
BLDG 234 RM 226
City-State-Zip: PENSACOLA FL 32514

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: JENNA COLEMAN

EXECUTIVE DIRECTOR

01/19/2021

Electronic Signature of Signing Officer/Director Detail

Date