

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15587

Entity Name: MEDICAL EDUCATIONAL COUNCIL OF PENSACOLA, INC.**Current Principal Place of Business:**8880 UNIVERSITY PARKWAY
STE C
PENSACOLA, FL 32514**Current Mailing Address:**8880 UNIVERSITY PARKWAY
STE C
PENSACOLA, FL 32514 US**FEI Number: 59-2699473****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COLEMAN, JENNA P
8880 UNIVERSITY PKWY., STE. C
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

01/28/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DR.
Name BAROCO, PAUL MD
Address 5151 N NINTH AVE
City-State-Zip: PENSACOLA FL 32504Title DR.
Name MCLEOD, PAUL MD
Address 8880 UNIVERSITY PKWY STE A
City-State-Zip: PENSACOLA FL 32514Title DR.
Name WILSON, ROBERT MD
Address 8880 UNIVERSITY PKWY STE C
City-State-Zip: PENSACOLA FL 32514Title DR.
Name CRAMER, HARRY
Address 5149 N NINTH AVE
City-State-Zip: PENSACOLA FL 32504Title DR.
Name HYBART, JOHN
Address 8880 UNIVERSITY PKWY STE C
City-State-Zip: PENSACOLA FL 32514Title MRS.
Name JENNA, COLEMAN MA
Address 8880 UNIVERSITY PKWY., STE C
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, MA, CCMEP**DIRECTOR**

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date