

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000048557

**Entity Name:** EDU24 CORP

**Current Principal Place of Business:**

37 N ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

37 N ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FLORIDA UNIVERSITY OF MEDICINE INC.  
37 N ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801 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 VP  
Name FLORIDA UNIVERSITY OF MEDICINE,  
INC.  
Address 37 ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title P  
Name LOHMEYER, BERND PROF.DR  
Address 37 ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

*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:** BERND LOHMEYER

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04/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date