2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2014
Secretary of State
CC9620547248

DOCUMENT# F13000001542

Entity Name: MEDICAL, EDUCATION, TRAINING AND DEVELOPMENT, INC.

Current Principal Place of Business:

614 174TH AVE
SPRING LAKE, MI 49456

Current Mailing Address:

PO BOX 466
SPRING LAKE, MI 49456

FEI Number: 38-3652971

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON, BARBARA
849 YELLOW WOOD CT
PALM BAY, FL 32909 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	P	Title	VPT
Name	NOORDHOF, MICHELLE	Name	JOHNSON, BARBARA G
Address	PO BOX 941	Address	614 174TH AVE
City-State-Zip:	GRAND HAVEN MI 49417	City-State-Zip:	SPEING LAKE MI 49417
Title	S	Title	MEDICAL DIRECTOR
Name	WINTER, PAUL L	Name	GRABER, MARTIN J DR.
Address	250 WASHINGTON	Address	31 LINCOLN AVE.
City-State-Zip:	GRAND HAVEN MI 49417	City-State-Zip:	SOUTH HAVEN MI 49090

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: BARBARA JOHNSON VP/TREASURER 03/12/2014

Electronic Signature of Signing Officer/Director Detail — Date