

1.) CORPORATION NAME:

**MEDICAL EDUCATION TECHNOLOGIES, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS INC**  
**4001 North Ninth Street, Suite 227**  
**ARLINGTON, VA 22203**

DUE DATE: **10/31/2011**

SCC ID NO: **F1771718**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 EDGELAKE DRIVE

CITY/ST/ZIP: SARASOTA, FL 34240-8817

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL BERNSTEIN  
TITLE: PRESIDENT  
ADDRESS: 6300 EDGELAKE DRIVE  
CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817

OFFICER

DIRECTOR

NAME: NICK LEONTIDIS  
TITLE: DIRECTOR  
ADDRESS: 6300 EDGELAKE DRIVE  
CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817

OFFICER

DIRECTOR

NAME: THOMAS WHYTAS  
TITLE: CFO  
ADDRESS: 6300 EDGELAKE DRIVE  
CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817

OFFICER

DIRECTOR

NAME: EVERETT TUCKER  
TITLE: VICE PRESIDENT  
ADDRESS: 6300 EDGELAKE DRIVE  
CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817

OFFICER

DIRECTOR

NAME: ANNE-MARIE HICKS  
TITLE: DIRECTOR  
ADDRESS: 6300 EDGELAKE DRIVE  
CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817

OFFICER

DIRECTOR

NAME: THERESA MITCHELL TITLE: VICE PRESIDENT ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: THOMAS DOYLE TITLE: VICE PRESIDENT ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BETH ULRICH TITLE: VICE PRESIDENT ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BALAZ MOLDOVANYI TITLE: VICE PRESIDENT ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CARLOS MORENO TITLE: VICE PRESIDENT ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DINA DENNIS TITLE: VICE PRESIDENT ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARCO GRIT TITLE: VICE PRESIDENT ADDRESS: 6300 EDGELAKE DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34240-8817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ THOMAS WHYTAS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS WHYTAS, CFO _____ PRINTED NAME AND CORPORATE TITLE
10/31/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	