



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000487263

2. Name of Corporation Medical Education Technologies, Inc.

3. Street Address Principal Business Office:

No. and Street: 6300 EDGELAKE DRIVE

City or Town: SARASOTA

State: FL

Zip: 34240

Country: USA

4. Business Phone No.

941-377-5562

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

MEDICAL SIMULATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT, CEO & DIRECTOR	MICHAEL BERNSTEIN	6300 EDGELAKE DRIVE SARASOTA, FL 34240-8817 USA
SECRETARY	AARON LILLYBRIDGE	6300 EDGELAKE DRIVE SARASOTA, FL 34240-8817 USA
TREASURER, CFO & EVP	THOMAS E WHYTAS	6300 EDGELAKE DRIVE SARASOTA, FL 34240-8817 USA
VICE PRESIDENT & DIRECTOR	GORDON PAN	6300 EDGELAKE DRIVE SARASOTA, FL 34240-8817 USA
DIRECTOR	LOUIS H OBERNDORF	6300 EDGELAKE DRIVE SARASOTA, FL 34240-8817 USA
DIRECTOR	CONNIE CURRAN	6300 EDGELAKE DRIVE SARASOTA, FL 34240-8817 USA
DIRECTOR	ED MARTIN	6300 EDGELAKE DRIVE SARASOT, FL 34240-8817 USA
DIRECTOR	KENNETH BLOEM	6300 EDGELAKE DRIVE SARASOTA, FL 34240-8817 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.00	1,000.00	178

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 25 Day of February, 2011 at 4:17:41 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By THOMAS E WHYTAS
Signature of Authorized Representative of the Corporation

TREASURER/CFO/EVP
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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