

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073595

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** HEALTHCARE EDUCATION CONSULTANTS, LLC

**Current Principal Place of Business:**

5537 SHELDON ROAD, SUITE A  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

5537 SHELDON ROAD, SUITE A  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 20-5263626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33569 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EFRE, ANDREA DR.  
Address: 5537 SHELDON ROAD, SUITE A  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDREA EFRE

MGRM

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date