

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000170732

**Entity Name:** PRIDE HEALTHCARE EDUCATION LLC

**Current Principal Place of Business:**

1943 BAHAMA AVENUE  
FT. MYERS, FL 33905

**Current Mailing Address:**

1943 BAHAMA AVENUE  
FT. MYERS, FL 33905

**FEI Number: 46-4346405**

**Certificate of Status Desired: No**

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

PRIDE, RICHARD  
1943 BAHAMA AVENUE  
FT. MYERS, FL 33905 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

**Authorized Person(s) Detail :**

Title MGR  
Name PRIDE, RICHARD  
Address 1943 BAHAMA AVENUE  
City-State-Zip: FT. MYERS FL 33905

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD PRIDE**

**OWNER**

**04/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date