

2015 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

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date