


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90124 024 ****50.00

DOCUMENT # L02000013294 1. Entity Name MOBILE MEDICAL EDUCATIONAL SERVICES, L.L.C.					
Principal Place of Business 108 CHRISTIE LANE PANAMA CITY, FL 32404-7650			Mailing Address 108 CHRISTIE LANE PANAMA CITY, FL 32404-7650		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0613362	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROSAN, JAMES ROBERT 108 CHRISTIE LANE PANAMA CITY, FL 324047650	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROSAN, SHEILA GAIL 108 CHRISTIE LANE PANAMA CITY, FL 324047650	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<div style="display: flex; justify-content: space-between;"> 2/17/04 850259-8783 </div> <small>Date Daytime Phone #</small>			