

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013294

FILED
Apr 19, 2007
Secretary of State

Entity Name: MOBILE MEDICAL EDUCATIONAL SERVICES, L.L.C.

Current Principal Place of Business:

108 CHRISTIE LANE
PANAMA CITY, FL 324047650

New Principal Place of Business:

Current Mailing Address:

108 CHRISTIE LANE
PANAMA CITY, FL 324047650

New Mailing Address:

FEI Number: 02-0613362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROSNAN, JAMES R
108 CHRISTIE LANE
PANAMA CITY, FL 324047650 US

Name and Address of New Registered Agent:

BROSNAN, JAMES R
108 CHRISTIE LANE
548 MARY ESTHER CUTOFF
PANAMA CITY, FL 324047650 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:

04/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROSNAN, JAMES ROBERT
Address: 108 CHRISTIE LANE
City-St-Zip: PANAMA CITY, FL 324047650

Title: MGR () Delete
Name: BROSNAN, SHEILA GAIL
Address: 108 CHRISTIE LANE
City-St-Zip: PANAMA CITY, FL 324047650

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROSNAN, JAMES R
Address: 108 CHRISTIE LANE
City-St-Zip: PANAMA CITY, FL 324047650

Title: MGR (X) Change () Addition
Name: BROSNAN, SHEILA G
Address: 108 CHRISTIE LANE
City-St-Zip: PANAMA CITY, FL 324047650

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES R. BROSNAN

MGR

04/19/2007

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