


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000005687</b> 1. Entity Name E-MEDICAL EDUCATION, LLC	
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Principal Place of Business  
10 EDGEWATER DRIVE  
14F  
CORAL GABLES, FL 33133 US

Mailing Address  
10 EDGEWATER DRIVE  
14F  
CORAL GABLES, FL 33133 US



03092006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0058894	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WEISZ, MICHEL O ESQ.  
9350 S. DIXIE HWY STE 1500  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOULD, TAFFY 10 EDGEWATER DRIVE, 14F CORAL GABLES, FL 33133
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03/23/06-80023-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/9/06

Date

(305) 668-4549

Daytime Phone #