2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# L03000017438

Entity Name: CONSORTIUM FOR MEDICAL EDUCATION, LLC

Current Principal Place of Business:

C/O DEPT OF RADIOLOGY, UCH
3100 EAST FLETCHER AVE.
TAMPA, FL 33613

New Principal Place of Business:

1149 ABBEYS WAY
TAMPA, FL 33602

Current Mailing Address:

C/O DEPT OF RADIOLOGY, UCH
3100 EAST FLETCHER AVE.
TAMPA, FL 33613

New Mailing Address:

1149 ABBEYS WAY
TAMPA, FL 33602

FEI Number: 30-0196222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: NORSOPH, ELLIS B MD
Address: 1149 ABBEYS WAY
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLIS B. NORSOPH MD 04/26/2004

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