2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90366 006 ****50.00

DOCUMENT # L04000005400

1. Entity Name
FRANK MOYA CONTINUING EDUCATION PROGRAMS, LLC

14012995

Principal Place of Business	Mailing Address
~~1320 S. DIXIE HWY, STE 1~~060 ~~CORAL GABLES, FL 33~~146	~~1320 S. DIXIE HWY, STE 1~~060 ~~CORAL GABLES, FL 33~~146

02282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1828 SE FIRST AV	1828 SE FIRST AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE FL	City & State: FT LAUDERDALE FL
Zip: 33316 Country: BROWARD	Zip: 33316 Country: BROWARD

4. FEI Number 20-0696763 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIMMEL, JOSEPH B
9400 S. DADELAND BLVD, STE 600
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: FRANK MOYA, MD.
Street Address (P.O. Box Number is Not Acceptable): 1828 SE FIRST AV
City: FT LAUDERDALE FL Zip Code: 33316

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 _____ DATE 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOYA, FRANK M.D. ~~1320 S. DIXIE HWY, STE 1~~060 ~~CORAL GABLES, FL 33~~146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1828 SE FIRST AV FT LAUDERDALE FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MCNULTY, JOAN ~~1320 S. DIXIE HWY, STE 1~~060 ~~CORAL GABLES, FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1828 SE FIRST AV FT LAUDERDALE FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LICHTIGER, MONTE M.D. ~~1320 S. DIXIE HWY, STE 1~~060 ~~CORAL GABLES, FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1828 SE FIRST AV FT LAUDERDALE FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MCNULTY, BARBARA ~~1320 S. DIXIE HWY, STE 1~~060 ~~CORAL GABLES, FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1828 SE FIRST AV FT LAUDERDALE FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOYA, ELIZABETH ESQ ~~1320 S. DIXIE HWY, STE 1~~060 ~~CORAL GABLES, FL 33146~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1828 SE FIRST AV FT LAUDERDALE FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: x _____ Joan McNulty, Manager x 4/15/05 954-763-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #