2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

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Entity Name: SBS MEDICAL EDUCATION, LLC

Current Principal Place of Business:

1111 PARK CENTRE BLVD. SUITE 300
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1111 PARK CENTRE BLVD. SUITE 300
MIAMI, FL 33169

New Mailing Address:

FEI Number: 81-0653675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE STE. 115
JACKSONVILLE, FL 32204 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/MANAGERS:

Title: MGRM ( ) Delete
Name: NESTOR, MARK S M.D PH.
Address: 1111 PARK CENTRE BLVD. SUITE 300
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK S. NESTOR, M.D., PH.D. MGRM 01/11/2008

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