

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000058154

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

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

I hereby 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 NESTOR

MGRM

01/04/2012

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