2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# L04000070888

Entity Name: PARTNERS IN HEALTHCARE EDUCATION, LLC

Current Principal Place of Business:

8607 SOUTHLAKE CIRCLE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

8607 SOUTHLAKE CIRCLE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-1680777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSIE, CHARLES ABELS
12065 METRO PARKWAY, SUITE 101
FORT MYERS, FL 33912 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: MM ( ) Delete
Name: EDWARDS, W LANE JR
Address: 8607 SOUTHLAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33908 56

Title: MM ( ) Delete
Name: WRIGHT, WENDY L
Address: 2 ROLLING WOODS DRIVE
City-St-Zip: BEDFORD, NH 03110

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: W LANE EDWARDS, JR MM 01/06/2007

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