

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070888

FILED  
Jan 13, 2008  
Secretary of State

**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 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

01/13/2008

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