

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070888

FILED
Feb 15, 2010
Secretary of State

Entity Name: PARTNERS IN HEALTHCARE EDUCATION, LLC

Current Principal Place of Business:

15811 PRENTISS POINTE COURT
SUITE 202
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15811 PRENTISS POINTE COURT
SUITE 202
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
15671 SAN CARLOS BLVD
SUITE 201
FORT MYERS, FL 33908 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
Name: EDWARDS, W LANE JR
Address: 15811 PRENTISS POINTE CIRCLE, SUITE 202
City-St-Zip: FORT MYERS, FL 33908 56

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

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: W LANE EDWARDS

MM

02/15/2010

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