

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063534

FILED
Apr 29, 2006
Secretary of State

Entity Name: STAT LIFE MEDICAL TRAINING LLC

Current Principal Place of Business:

1723 BLANDING BLVD
SUITE 105
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1723 BLANDING BLVD
SUITE 105
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 61-1490098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAILEY-MOORE, CYNTHIA
2221 MINORCAN ST.
MIDDLEBURG, FL 32068 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: HAILEY-MOORE, CYNTHIA
Address: 2221 MINORCAN ST.
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM (X) Delete
Name: ADAMS, FAITH
Address: 7919 LONGSHADOW CT
City-St-Zip: JACKSONVILLE, FL 32244

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: CYNTHIA HAILEY-MOORE

MGRM

04/29/2006

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