


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-01-2007 90317 049 ****50.00

DOCUMENT # L06000027999 1. Entity Name MEDICAL SPECIALTY COURSES, LLC					
Principal Place of Business 1463 CHARMONT PLACE FORT MYERS, FL 33919			Mailing Address 1463 CHARMONT PLACE FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 41-2203135	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAMALIAZAD, ESMAEEL 1463 CHARMONT PLACE FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMALIAZAD, ESMAEEL 1463 CHARMONT PLACE FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEDSOE, JULIE 1463 CHARMONT PLACE FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Julie Bledsoe Julie Bledsoe 5-21-07 239-218-2035 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					