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 Mailing Address								
1463 CHARMONT PLACE Fort Myers, Fl 33919		1463 CHARMONT PLACE Fort Myers, FL 33919			*** **			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numbe	20313	5	Applied For	
Zip	Country	Zip	Country		of Status Desired	S5.00 Ar	ditional	
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New Ro			
SAMALIAZAD ESMAEEL			Name	Name				
SAMALIAZAD, ESMAEEL 1463 CHARMONT PLACE FORT MYERS, FL 33919⊛			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
101(111111	LNO, I'L JUSTSIA							
			City	FL Zip Code				
	named entity submits this statement for lions of registered agent.	the purpose of changing its	registered office or regis	tered agent, or bot	h, in the State of Floo	rida. I am lamilier with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent as	nd little if applicable. (NOT	: Registered Agent signature requi	ired when remaining)		DATE		
<u> </u>						5772		
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Fi	iling Fee is \$50.00 ue by May 1, 2007					check payable to Department of Sta		
Fi	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER	IS/MANAGERS	10.			Department of Sta		
9.	MANAGING MEMBER	IS/MANAGERS	IIITE		Florida	Department of Sta		
9.	MANAGING MEMBER				Florida	Department of Sta	te .	
9. TITLE NAME	MANAGING MEMBER MGR SAMALIAZAD, ESMAEEL		TITLE NAME		Florida	Department of Sta	te .	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR SAMALIAZAD, ESMAEEL 1463 CHARMONT PLACE FORT MYERS, FL 33919 MGRM		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of Sta	te .	
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I hereby certify that the information supplied with this filling 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

5-2/-07 239-218-2035