

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057799

FILED
Jul 16, 2007
Secretary of State

Entity Name: MEDICAL EDUCATION SERVICES, LLC

Current Principal Place of Business:

471 SOLL STREET
NAPLES, FL 34101

New Principal Place of Business:

6017 PINE RIDGE RD
166
NAPLES, FL 34119

Current Mailing Address:

P O BOX 7038
NAPLES, FL 34101

New Mailing Address:

FEI Number: 06-1780668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEONE, TRICIA PANELLA
471 SOLL STREET
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MONTAGE OF NAPLES
6017 PINE RIDGE RD
166
NAPLES, FL 34119 US

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: MONTAGE OF NAPLES

07/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEONE, PAUL A
Address: 10 KAREN COURT
City-St-Zip: SCOTCH PLAINS, NJ 07076

Title: MGRM (X) Delete
Name: PANELLA, TRICIA LEONE
Address: 471 SOLL STEET
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEONE, TRICIA
Address: P O BOX 7038
City-St-Zip: NAPLES, FL 34101

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: TRICIA LEONE

MGR

07/16/2007

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