

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057799

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** MEDICAL EDUCATION SERVICES, LLC

**Current Principal Place of Business:**

6017 PINE RIDGE RD  
166  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7038  
NAPLES, FL 34101

**New Mailing Address:**

P O BOX 7038  
NAPLES, FL 34101 70

**FEI Number:** 06-1780668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MONTAGE OF NAPLES  
6017 PINE RIDGE RD  
166  
NAPLES, FL 34119 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: MGR ( ) Delete  
Name: LEONE, TRICIA  
Address: P O BOX 7038  
City-St-Zip: NAPLES, FL 34101

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEONE, TRICIA  
Address: P O BOX 7038  
City-St-Zip: NAPLES, FL 341017038 US

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

04/21/2008

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