

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073986

FILED
Mar 31, 2007
Secretary of State

Entity Name: EMERGENCY MEDICAL EDUCATION, LLC

Current Principal Place of Business:

6785 COLUMBIA AVENUE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6785 COLUMBIA AVENUE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 84-1714045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEELER, JENNIFER
6785 COLUMBIA AVENUE
LAKE WORTH, FL 33467 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: KEELER, MATTHEW P
Address: 6785 COLUMBIA AVENUE
City-St-Zip: LAKE WORTH, FL 33467 US

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: MATTHEW P KEELER

MGR

03/31/2007

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