

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078523

FILED  
Jul 24, 2007  
Secretary of State

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

**Current Principal Place of Business:**

6900 CAMBRIDGE PLACE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6900 CAMBRIDGE PLACE  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 20-5340143      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:**

MASSIE, CHARLES A  
12065 METRO PARKWAY STE 101  
FORT MYERS, FL 33912      US

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

MASSIE, CHARLES A  
15671 SAN CARLOS BLVD  
FORT MYERS, FL 33908      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: \_\_\_\_\_

07/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PD ( ) Change (X) Addition  
Name: SMITH, DANE C  
Address: 6900 CAMBRIDGE PLACE  
City-St-Zip: FORT MYERS, FL 33919

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: DANE C SMITH

PD

07/24/2007

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