2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000078523

Entity Name: MEDICAL EDUCATION INITIATIVES, LLC

Current Principal Place of Business:

6900 CAMBRIDGE PLACE
FORT MYERS, FL 33919

New Principal Place of Business:

15671 SAN CARLOS BLVD
SUITE 201
FORT MYERS, FL 33908

Current Mailing Address:

6900 CAMBRIDGE PLACE
FORT MYERS, FL 33919

New Mailing Address:

15671 SAN CARLOS BLVD
SUITE 201
FORT MYERS, FL 33908

FEI Number: 20-5340143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSIE, CHARLES A
15671 SAN CARLOS BLVD
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

MASSIE, CHARLES A
15671 SAN CARLOS BLVD
SUITE 201
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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: PD (X) Change ( ) Addition
Name: WRIGHT, ERIC C
Address: 2 ROLLING WOODS DRIVE
City-St-Zip: BEDFORD, NH 03110

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: ERIC C. WRIGHT PD 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date