

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094761

FILED  
Aug 27, 2008  
Secretary of State

**Entity Name:** HEALTH EDUCATION AND RESCUE TRAINING, LLC

**Current Principal Place of Business:**

10364 WHITE PINTO COURT  
LAKE WORTH, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

10364 WHITE PINTO COURT  
LAKE WORTH, FL 33449

**New Mailing Address:**

FEI Number: 26-1078421      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:**

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

SILVEY, JENNIFER L  
6190 CAMP LEE ROAD  
WEST PALM BEACH, FL 33417      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KIRSHBAUM, BRYAN S  
Address: 10364 WHITE PINTO COURT  
City-St-Zip: LAKE WORTH, FL 33449

Title: MGRM ( ) Delete  
Name: SILVEY, JENNIFER L  
Address: 6190 CAMP LEE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33417

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JENNIFER SILVEY

MGRM

08/27/2008

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