

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099074

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE CENTER FOR MEDICAL EDUCATION AND RESEARCH, LLC

Current Principal Place of Business:

2353 WOODLAWN CIR WEST
ST PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

2353 WOODLAWN CIR WEST
ST PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 30-0445970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, TINA
2353 WOODLAWN CIR WEST
ST PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

SALLY'S TAX SERVICE
2375 YORK ST N
ST PETERSBURG, FL 33710 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: SALLY INGLIS

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENDERSON, TINA
Address: 2353 WOODLAWN CIR WEST
City-St-Zip: ST PETERSBURG, FL 33704

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HENDERSON, TINA
Address: 2353 WOODLAWN CIR WEST
City-St-Zip: ST PETERSBURG, FL 33704

Title: PRES () Change (X) Addition
Name: HENDERSON, PHILIP W
Address: 2353 WOODLAWN CIR WEST
City-St-Zip: ST PETERSBURG, FL 33704

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: PHILIP W HENDERSON

PRES

04/13/2009

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