2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2008
Secretary of State

DOCUMENT# L07000112273

Entity Name: TRI-COUNTY MEDICAL MANAGEMENT & CAREER INSTITUTE, LLC

Current Principal Place of Business:

1790 N.W. 56TH AVE.
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

1790 N.W. 56TH AVE.
LAUDERHILL, FL 33313

New Mailing Address:

P O BOX 9606
FT. LAUDERDALE, FL 33310

FEI Number: 26-1270811 **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR ( ) Delete
Name: ROBINSON, CYNTHIA
Address: 1790 N.W. 56TH AVE.
City-St-Zip: LAUDERHILL, FL 33313

Title: T ( ) Delete
Name: ROBINSON, CYNTHIA
Address: 1790 N.W. 56TH AVE.
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES:

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

Title: VMGR (X) Change ( ) Addition
Name: GROOVER, LYNDA
Address: 2751 NW 47 LANE
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: CYNTHIA L. ROBINSON MGR 07/13/2008

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