

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112273

**FILED**  
**May 01, 2011**  
**Secretary of State**

**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:**

P O BOX 9606  
FT. LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 26-1270811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, CYNTHIA L MGR  
1790 NW 56 AVENUE  
LAUDERHILL, FL 33313 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  
Name: ROBINSON, CYNTHIA  
Address: 1790 N.W. 56TH AVE.  
City-St-Zip: LAUDERHILL, FL 33313

Title: VMGR  
Name: GROOVER, LYNDIA  
Address: 2751 NW 47 LANE  
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: MGRM  
Name: GROOVER, LYNDIA  
Address: 2751 NW 47 LANE  
City-St-Zip: LAUDERDALE LAKES, FL 33313

I hereby 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 ROBINSON

PRES

05/01/2011

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