

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046242

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL CAREER INSTITUTE, LLC

**Current Principal Place of Business:**

9200 BONITA BEACH ROAD SUITE # 203  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

500 SW 64 PKWY  
PEMBROKE PINES, FL 33023

**New Mailing Address:**

9200 BONITA BEACH ROAD SUITE # 203  
BONITA SPRINGS, FL 34135

**FEI Number:** 26-2579913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, RICHARD  
500 SW 64 PKWY  
PEMBROKE PINES, FL 33023 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:** GONZALEZ, RICHARD  
**Address:** 2002 JACKLIN COURT  
**City-St-Zip:** NAPLES, FL 34120

**Title:** MGR  
**Name:** GONZALEZ, OTTO  
**Address:** 8741 NW 153 TERR  
**City-St-Zip:** HIALEAH, FL 33018

**Title:** MGR  
**Name:** CONTRERAS, KLAUDIA  
**Address:** 2002 JACKLIN CT  
**City-St-Zip:** NAPLES, FL 34120

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:** KLAUDIA CONTRERAS

MGR

02/16/2010

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