2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000053541

Entity Name: CENTER FOR COLLABORATIVE MEDICAL EDUCATION, LLC

Current Principal Place of Business:

14733 BOWFIN TERRACE
BRADENTON, FL 34202

New Principal Place of Business:

14733 BOWFIN TERRACE
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

14733 BOWFIN TERRACE
BRADENTON, FL 34202

New Mailing Address:

14733 BOWFIN TERRACE
LAKEWOOD RANCH, FL 34202

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALDMAN, MARIN H
14733 BOWFIN TERRACE
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

WALDMAN, MARIN H
14733 BOWFIN TERRACE
LAKEWOOD RANCH, FL 34202 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: 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WALDMAN, MARVIN H
Address: 14733 BOWFIN TERRACE
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WALDMAN, MARVIN H
Address: 14733 BOWFIN TERRACE
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: MARVIN H. WALDMAN MGR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date