

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111884

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

3032 JOG ROAD  
GREENACRES, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

3032 JOG ROAD  
GREENACRES, FL 33467

**New Mailing Address:**

**FEI Number:** 26-3797716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HELMS, VAN C  
1128 ROYAL PALM BEACH BLVD BOX 192  
ROYAL PALM BEACH, FL 33411 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:** BRUNO, LARRY  
**Address:** 25000 PORTIFINO CIRCLE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33416

**Title:** MGRM  
**Name:** HELMS, VAN  
**Address:** 1128 ROYAL PALM BEACH BLVD BOX 192  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** MGR  
**Name:** MARQUIS, CHARLES D  
**Address:** 3032 JOG RD.  
**City-St-Zip:** GREENACRES, FL 33435 US

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:** VAN C. HELMS

**PRES**

**03/10/2010**

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