

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000022063

FILED  
Sep 24, 2012  
Secretary of State

**Entity Name:** DIGNITY HEALTHCARE EDUCATION, L.L.C.

**Current Principal Place of Business:**

19390 COLLINS AVE  
#1023  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

561 SW 30 TERR  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

19390 COLLINS AVE  
#1023  
SUNNY ISLES, FL 33160

**New Mailing Address:**

561 SW 30 TERR  
FORT LAUDERDALE, FL 33312

FEI Number: 26-4415596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CANDY, MARIE L  
19390 COLLINS AVE  
#1023  
SUNNY ISLES, FL 33160 US

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

HONORE, MARIE L  
561 SW 30 TERR  
FORT LAUDERDALE, FL 33160 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: MARIE HONORE

09/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HONORE, MARIE L  
Address: 561SW 30 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM  
Name: HONORE, WILLIAM  
Address: 561SW 30 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33312

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: MARIE HONORE

MGR

09/24/2012

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