2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2011
Secretary of State

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Entity Name: CAMBRIDGE HEALTH EDUCATION I, LLC

Current Principal Place of Business:

1203 STUART ROBESON DR
MCLEAN, VA 22101 US

New Principal Place of Business:

460 E ALTAMONTE DR THIRD FLOOR
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

1203 STUART ROBESON DR
MCLEAN, VA 22101 US

New Mailing Address:

5150 LINTON BLVD
SUITE 340
DELRAY BEACH, FL 33484 US

FEI Number: 27-0633989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM
Name: LAPIER, TERRENCE
Address: 1203 STUART ROBESON DRIVE
City-St-Zip: MCLEAN, VA 22101 US

Title: MGR
Name: RORIE, ADRIAN M
Address: 5150 LINTON BLVD SUITE 340
City-St-Zip: DELRAY BEACH, FL 33484 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 Statues.

SIGNATURE: ADRIAN RORIE MGR 08/04/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date