

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088606

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** STRATEGIC MEDICAL EDUCATION SERVICES, LLC

**Current Principal Place of Business:**

901 N.W. 57TH STREET  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

2725 SW 91ST STREET  
STE 110, PMB 5  
GAINESVILLE, FL 32608

**Current Mailing Address:**

901 N.W. 57TH STREET  
GAINESVILLE, FL 32605

**New Mailing Address:**

2725 SW 91ST STREET  
STE 110, PMB 5  
GAINESVILLE, FL 32608

**FEI Number:** 27-0926406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOVAY, JOHN  
901 N.W. 57TH STREET  
GAINESVILLE, FL 32605 US

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

GUMS, JOHN G  
2725 SW 91ST STREET  
STE 110, PMB 5  
GAINESVILLE, FL 32608 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: JOHN G. GUMS

01/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR  
Name: GUMS, JOHN G  
Address: 2725 SW 91ST STREET  
City-St-Zip: GAINESVILLE, FL 32608

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: JOHN G. GUMS

DR

01/18/2010

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