2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

DOCUMENT# L09000101071

Entity Name: ADVANCED HEALTHCARE EDUCATION, LLC

Current Principal Place of Business:

STE 274 177 N US HWY 1
TEQUESTA, FL 334692746

New Principal Place of Business:

Current Mailing Address:

STE 274 177 N US HWY 1
TEQUESTA, FL 334692746

New Mailing Address:

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

Name and Address of Current Registered Agent:

SKINNER, M FRANK
172 BEACON LANE
JUPITER, FL 33469 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: P
Name: SKINNER, M. FRANK
Address: STE 274 177 N US HWY 1
City-St-Zip: TEQUESTA, FL 334692746

Title: S
Name: BUELL-SKINNER, PENELOPE J
Address: STE 274 177 N US HWY 1
City-St-Zip: TEQUESTA, FL 334692746

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: PENELOPE BUELL-SKINNER S 03/31/2010

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