

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 02, 2010
Secretary of State

Entity Name: PRECISION MEDICAL TRAINING, LLC

Current Principal Place of Business:

9940 SW 196TH COURT
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

9940 SW 196TH COURT
DUNNELLON, FL 34432

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:

ISAACS-COX, GRACE
9940 SW 196TH COURT
DUNNELLON, FL 34432 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: ISAACS-COX, GRACE
Address: 9940 SW 196TH COURT
City-St-Zip: DUNNELLON, FL 34432

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: GRACE ISAACS-COX

MRS

04/02/2010

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