2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000122430

Entity Name: EDUCATION & HEALTH PROVIDERS OF AMERICA LLC

US

FILED Apr 30, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2831-A EXCHANGE COURT WEST PALM BEACH, FL 33409

Current Mailing Address: New Mailing Address:

2831-A EXCHANGE COURT WEST PALM BEACH, FL 33409 US

FEI Number: 27-1549083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GONZALEZ, CARLOS M 2831-A EXCHANGE COURT WEST PALM BEACH, FL 33409 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.

iii tile State of Florida

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: GONZALEZ, CARLOS M Address: 2831-A EXCHANGE COURT City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGRM Name: DUQUE, JOHN

Address: 2831-A EXCHANGE COURT
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGR

 Name:
 GONZALEZ, DAVID

 Address:
 2831-A EXCHANGE COURT

 City-St-Zip:
 WEST PALM BEACH, FL 33409 US

Title: MGR

 Name:
 GONZALEZ, LISSETTE

 Address:
 2831-A EXCHANGE COURT

 City-St-Zip:
 WEST PALM BEACH, FL 33409 US

Title: MGR

 Name:
 DUQUE, JONATHAN

 Address:
 2831-A EXCHANGE COURT

 City-St-Zip:
 WEST PALM BEACH, FL 33409 US

Title: MGR

 Name:
 DUQUE, VANESSA

 Address:
 2831-A EXCHANGE COURT

 City-St-Zip:
 WEST PALM BEACH, FL 33409 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: CARLOS M. GONZALEZ MGRM 04/30/2012

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