

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001262

Entity Name: MEDIPRO SEMINARS, LLC

FILED
Aug 18, 2005
Secretary of State

Current Principal Place of Business:

606 POST ROAD EAST, SUITE 552
WESTPORT, CT 06880

New Principal Place of Business:

Current Mailing Address:

606 POST ROAD EAST, SUITE 552
WESTPORT, CT 06880

New Mailing Address:

FEI Number: 47-0911416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JASPER, SHERI
C/O MEDIPRO SEMINARS, LLC
10 WINDSORMERE WAY, SUITE 400
OVEIDO, FL 32765 US

Name and Address of New Registered Agent:

JASPER, SHERI
C/O MEDIPRO SEMINARS, LLC
301 WEST S.R. 434, SUITE 325
WINTER SPRINGS, FL 32708 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:

08/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHAPNICK, ANN M
Address: 606 POST ROAD EAST, SUITE 552
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: ANN M. CHAPNICK

MGR

08/18/2005

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