

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000354

FILED
Mar 30, 2006
Secretary of State

Entity Name: ULTIMATE MEDICAL ACADEMY, LLC

Current Principal Place of Business:

1218 COURT STREET STE. C
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1218 COURT STREET STE. C
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-2000570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEMLER, STEVEN
1218 COURT STREET STE. C
CLEARWATER, FL 33756 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 () Delete
Name: KEMLER, STEVEN
Address: 1218 COURT STREET STE. C
City-St-Zip: CLEARWATER, FL 33756

Title: MGR () Delete
Name: LIFSHULTZ, LOWELL
Address: 250 PARK AVENUE 12TH FL
City-St-Zip: NY, NY 10177

Title: MGR () Delete
Name: BRAKEHILL, SCOTT
Address: 40 EAST 66TH ST STE. 8B
City-St-Zip: NY, NY 10021

ADDITIONS/CHANGES:

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

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

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 Chapter 119, 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: STEVEN KEMLER

MGR

03/30/2006

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