

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000354

FILED
Mar 09, 2010
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:

30 IRVING PLACE
2ND FLOOR
NEW YORK, NY 10003 US

FEI Number: 20-2000570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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

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

Title: MRG
Name: LIFSCHULTZ FAMILY IRREVOCABLE TRUST
Address: 132 OLD ROARING BROOK RD
City-St-Zip: MT KISCO, NY 10549

Title: MRG
Name: MANN FAMILY LIMITED PARTNERSHIP
Address: 10 OLD ROAD LANE
City-St-Zip: MT KISCO, NY 10549

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: LAWRENCE CAROSI

CONT

03/09/2010

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