

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143206

Entity Name: AMERICAN MEDICAL CURRICULUM, L.L.C.

Current Principal Place of Business:

4192 MAINSAIL DRIVE
NICEVILLE, FL 32578

Current Mailing Address:

4192 MAINSAIL DRIVE
NICEVILLE, FL 32578

FEI Number: 45-4102529

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEVIN M. HELMICH, P.A.
4405 COMMONS DRIVE EAST
SUITE 102
DESTIN, FL 32541 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MORELL, ROBERT
Address 4192 MAINSAIL DRIVE
City-State-Zip: NICEVILLE FL 32578

Title MGRM
Name KASHTAN, HILLEL
Address 6 FERGUSON STREET
City-State-Zip: POQUOUSON VA 23662

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT MORELL

MANAGER

04/09/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date