

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000090606

Entity Name: PALM BEACH MEDICAL COLLEGE, LLC

Current Principal Place of Business:

4 HARVARD CIRCLE, SUITE 800
WEST PALM BEACH, FL 33409

Current Mailing Address:

4 HARVARD CIRCLE, SUITE 800
WEST PALM BEACH, FL 33409

FEI Number: 26-4223497

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHERRY, CHRISTY J
12355 AREACA DRIVE
WELLINGTON, FL 33414 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: CHRISTY J CHERRY

04/29/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MALESKA, MARTIN
Address 4 HARVARD CIRCLE, SUITE 800
City-State-Zip: WEST PALM BEACH FL 33409

Title MGRM
Name MARTINEZ, PEDRO
Address 4 HARVARD CIRCLE, SUITE 800
City-State-Zip: WEST PALM BEACH FL 33409

Title MGR
Name ALTSCHULER, HAROLD
Address 4 HARVARD CIRCLE, SUITE 800
City-State-Zip: WEST PALM BEACH FL 33409

Title MGR
Name LAVERNIA, ENRIQUE
Address 4 HARVARD CIRCLE, SUITE 800
City-State-Zip: WEST PALM BEACH FL 33409

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: PEDRO L MARTINEZ

MGRM

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date