

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000078577

Entity Name: FLORIDA MEDICAL PROFESSIONAL EDUCATION, LLC

Current Principal Place of Business:

20423 STATE ROAD 7
SUITE F6-293
BOCA RATON, FL 33498

Current Mailing Address:

20423 STATE ROAD 7
SUITE F6-293
BOCA RATON, FL 33498 US

FEI Number: 46-2892200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARQUEZ, CARLOS O
20423 STATE ROAD 7
SUITE F6-293
BOCA RATON, FL 33498 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 MARQUEZ, CARLOS O
Address 20423 STATE ROAD 7 SUITE F6-293
City-State-Zip: BOCA RATON FL 33498

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS MARQUEZ

MGRM

04/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date