

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 MAY -1 AM 8:43

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B05000000318		
1. Entity Name ADV MEDICAL RESOURCES, LP		

Principal Place of Business 2411 FOUNTAINVIEW, SUITE 101 HOUSTON, TX 77057	Mailing Address 2411 FOUNTAINVIEW, SUITE 101 HOUSTON, TX 77057
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05082006 Chg-LP CR2E003 (11/05)

4. FEI Number 76-0566969	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BLEVINS, DIETRA 31177 US HIGHWAY 19 N #1711 PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

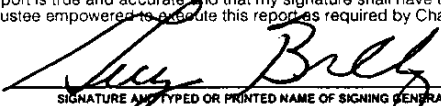
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BRETZ, GEORGE	STREET ADDRESS	5703 Horseshoe Falls
NAME	1000 FARRAH LN #1026	CITY - ST - ZIP	Missouri City, TX 77459
STREET ADDRESS	STAFFORD, TX 77477		
CITY - ST - ZIP			
DOCUMENT #	BROWN, LEONARD	STREET ADDRESS	
NAME	3315 MESQUITE	CITY - ST - ZIP	
STREET ADDRESS	SUGARLAND, TX 77479		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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05/22/06--01029--014 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **George Bretz, CEO** **5/08/06** **713-458-4601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE