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	Mailing Address
2411 FOUNTAINVIEW, SUITE 101 HOUSTON, TX 77057	2411 FOUNTAINVIEW, SUITE 101 HOUSTON, TX 77057

05082006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 76-0566969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLEVINS, DIETRA 31177 US HIGHWAY 19 N #1711 PALM HARBOR, FL 34684	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 #		STREET ADDRESS	5703 Horseshoe Falls
NAME	BRETZ, GEORGE	CITY-ST-ZIP	Missouri City, TX 77459
STREET ADDRESS	1000 FARRAH LN #1026		
CITY-ST-ZIP	STAFFORD, TX 77477		
DOCUMENT #		STREET ADDRESS	
NAME	BROWN, LEONARD	CITY-ST-ZIP	
STREET ADDRESS	3315 MESQUITE		
CITY-ST-ZIP	SUGARLAND, TX 77479		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700075023817
NAME		CITY-ST-ZIP	05/22/06--01029--014 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 #