Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

LP/LLLP REINSTATEMENT
ADV MEDICAL RESOURCES, LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$2,000.00

Please file these simultaneously.

Attn: Brenda Tadlock

245-6030

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B05000000318

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 PM 1:41

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B05000000318

1. Name of Limited Partnership

Advanced Medical Resources, L.P.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1449 Hwy 6		1449 Hwy 6	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Sugar Land, Texas		Sugar Land, Texas	
Zip	Country	Zip	Country
77478	USA	77478	USA

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida: July 25, 2005

5. FEI Number: 760566969 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation FL Zip Code: 33324

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $68.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

E-mail Address:

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1510 or 620.1009, Florida Statutes, I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

Connie Bryan

SIGNATURE (Registered Agent Accepting Appointment) Connie Bryan Assistant Secretary DATE 12/29/2011
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Bretz & Brown Medical Management, LLC	1449 Hwy 6, Suite 300	Sugar Land, Texas 77478	

REINSTATEMENT
2010 - 2011

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] DATE: December 22, 2011

Typed or Printed Name of General Partner Signing Form: GEORGE BRETZ Telephone Number:

B Tadlock DEC 29 2011