

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012601

FILED
Jan 06, 2004
Secretary of State

Entity Name: ADVANCED BIOMEDICAL CONSULTING, LLC

Current Principal Place of Business:

245 25TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

245 25TH AVENUE NORTH
ST. PETERSBURG, FL 33704 US

Current Mailing Address:

P.O BOX 76405
ST. PETERSBURG, FL 337049998

New Mailing Address:

P.O BOX 76405
ST. PETERSBURG, FL 33734 US

FEI Number: 80-0021564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, JONATHAN M
245 25TH AVENUE NORTH
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEWIS, JONATHAN M
Address: 245 25TH AVE. NORTH
City-St-Zip: ST PETERSBURG, FL 33704

Title: MGRM () Delete
Name: LEWIS, JENNIFER D
Address: 245 25TH AVE. NORTH
City-St-Zip: ST PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWIS, JONATHAN M
Address: 245 25TH AVE. NORTH
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: MGRM (X) Change () Addition
Name: LEWIS, JENNIFER D
Address: 245 25TH AVE. NORTH
City-St-Zip: ST PETERSBURG, FL 33704 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JENNIFER D LEWIS

MGRM

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date