

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012601

FILED  
Jan 03, 2008  
Secretary of State

**Entity Name:** ADVANCED BIOMEDICAL CONSULTING, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 80-0021564      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, JENNIFER D  
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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

01/03/2008

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