

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066735

**FILED**  
**Mar 28, 2005**  
**Secretary of State**

**Entity Name:** ADVANCED MEDICAL TRAINING & EDUCATION CENTER LLC

**Current Principal Place of Business:**

9029 MOSSY OAK LANE  
CLERMONT, FL 34711

**New Principal Place of Business:**

2049 BIDDLE ALLEY  
ORLANDO, FL 32814

**Current Mailing Address:**

9029 MOSSY OAK LANE  
CLERMONT, FL 34711

**New Mailing Address:**

2049 BIDDLE ALLEY  
ORLANDO, FL 32814

FEI Number: 20-1616400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AM & E SERVICES LLC  
801 N. MAGNOLIA AVE., STE. 201  
ORLANDO, FL 32802 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SONNTAG, ROBERT J PRES  
Address: 2049 BIDDLE ALLEY  
City-St-Zip: ORLANDO, FL 32814 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: ROBERT J. SONNTAG

PRES

03/28/2005

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