

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023527

FILED
Jan 15, 2009
Secretary of State

Entity Name: PREFERRED CARE NETWORK II, LLC

Current Principal Place of Business:

825 SE 3RD AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

825 SE 3RD AVENUE
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 26-2106422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMP, WINDY A
825 SE 3RD AVENUE
OCALA, FL 34471 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: MGR () Delete
Name: ADVANCED MEDICAL NET, WORK, LTD.
Address: 825 SE 3RD AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGR () Delete
Name: THURSTON, GARY A
Address: 825 SE 3RD AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGR () Delete
Name: KEMP, WINDY A
Address: 825 SE 3RD AVENUE
City-St-Zip: Ocala, FL 34471 US

ADDITIONS/CHANGES:

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

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: WINDY A KEMP

T/S

01/15/2009

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