

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90191 011 ****55.00

DOCUMENT # *M03000002646*

1. Entity Name
Advanced Medical Services, LLC



DO NOT WRITE IN THIS SPACE

14023707

2. Principal Place of Business <i>3522 Central Pike</i> Suite, Apt. #, etc. <i>Suite 209</i> City & State <i>Hermitage, TN.</i> Zip <i>37076</i> Country <i>U.S.A.</i>		3. Mailing Address <i>3522 Central Pike</i> Suite, Apt. #, etc. <i>Suite 209</i> City & State <i>Hermitage, TN.</i> Zip <i>37076</i> Country <i>U.S.A.</i>		4. FEI Number <i>62-1706721</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <i>NRAI Services, Inc.</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>526 E. Park Avenue</i>	
	City <i>Tallahassee</i>	FL Zip Code <i>32301</i>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

8. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chief Executive Officer Virginia A. Long 3522 Central Pike, Suite 209 Hermitage, TN. 37076</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chief Operations Officer Keith A. Evans 3522 Central Pike, Suite 209 Hermitage, TN. 37076</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CFR2063B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Keith A. Evans* *June 7th, 2004* (615)883-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #