

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002646

FILED
Feb 04, 2005
Secretary of State

Entity Name: ADVANCED MEDICAL SERVICES, LLC

Current Principal Place of Business:

3522 CENTRAL PIKE, STE. 209
HERMITAGE, TN 37076

New Principal Place of Business:

2150 PALM HARBOR BOULEVARD
SUITE A
PALM HARBOR, FL 34683

Current Mailing Address:

3522 CENTRAL PIKE, STE. 209
HERMITAGE, TN 37076

New Mailing Address:

2150 PALM HARBOR BOULEVARD
SUITE A
PALM HARBOR, FL 34683

FEI Number: 62-1706721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ANDERSON, DAMIAN K C.O.O.
2150 PALM HARBOR BOULEVARD
PALM HARBOR, FL 34683 US

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: DAMIAN K. ANDERSON

02/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LONG, VIRGINIA
Address: 3522 CENTRAL PIKE, STE. 209
City-St-Zip: HERMITAGE, TN 37076

Title: MGRM () Delete
Name: EVANS, KEITH
Address: 3522 CENTRAL PIKE, STE. 209
City-St-Zip: HERMITAGE, TN 37076

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 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: KEITH A. EVANS

MGRM

02/04/2005

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