


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000002646 1. Entity Name ADVANCED MEDICAL SERVICES, LLC	
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Principal Place of Business 2150 PALM HARBOR BOULEVARD SUITE A PALM HARBOR, FL 34683	Mailing Address 2150 PALM HARBOR BOULEVARD SUITE A PALM HARBOR, FL 34683
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02192007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1706721	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LONG, VIRGINIA C.E.O 2150 PALM HARBOR BOULEVARD, SUITE A PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, DAMIAN K C.O.O. 2150 PALM HARBOR BOULEVARD, SUITE A PALM HARBOR, FL 34683
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Damian K. Anderson Date: 4/25/07 Daytime Phone #: 727-287-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE