


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M03000002646</b> 1. Entity Name ADVANCED MEDICAL SERVICES, LLC	
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**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**

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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DO NOT WRITE IN THIS SPACE

07082008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 62-1706721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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

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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.

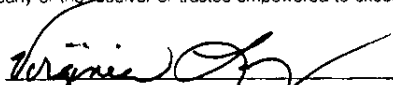
SIGNATURE \_\_\_\_\_ 07/11/08-80011-011 538.75  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	LONG, VIRGINIA C.E.O
STREET ADDRESS	2150 PALM HARBOR BOULEVARD, SUITE A
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	MGRM
NAME	ANDERSON, DAMIAN K C.O.O.
STREET ADDRESS	2150 PALM HARBOR BOULEVARD, SUITE A
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_