

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002646

FILED
May 05, 2009
Secretary of State

Entity Name: ADVANCED MEDICAL SERVICES, LLC

Current Principal Place of Business:

2150 PALM HARBOR BOULEVARD
SUITE A
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2150 PALM HARBOR BOULEVARD
SUITE A
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 62-1706721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, DAMIAN K C.O.O.
2150 PALM HARBOR BOULEVARD
SUITE A
PALM HARBOR, FL 34683 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: MGRM () Delete
Name: LONG, VIRGINIA C.E.O
Address: 2150 PALM HARBOR BOULEVARD, SUITE A
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: ANDERSON, DAMIAN K C.O.O.
Address: 2150 PALM HARBOR BOULEVARD, SUITE A
City-St-Zip: PALM HARBOR, FL 34683

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 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: VIRGINIA A LONG

MGRM

05/05/2009

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