#### I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

MGMR

SIGNATURE: JENNIFER D. LEWIS

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	LEWIS, JONATHAN M	Name	LEWIS, JENNIFER D
Address	245 25TH AVE. NORTH	Address	245 25TH AVE. NORTH
City-State-Zip:	ST PETERSBURG FL 33704	City-State-Zip:	ST PETERSBURG FL 33704

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.

### **Current Mailing Address:**

3235 FAIRFIELD AVE S, UNIT F ST. PETERSBURG. FL 33712-1816

DOCUMENT# L00000012601

P.O BOX 76405 ST. PETERSBURG, FL 33734 US

**Current Principal Place of Business:** 

### FEI Number: 80-0021564

## Name and Address of Current Registered Agent:

Entity Name: ADVANCED BIOMEDICAL CONSULTING, LLC

LEWIS, JENNIFER D 245 25TH AVENUE NORTH ST. PETERSBURG, FL 33704 US

SIGNATURE:

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Certificate of Status Desired: No

01/07/2013

Date

FILED Jan 07, 2013 Secretary of State CC9204699585

Date