

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000033610

**Entity Name:** ADVANCED HEALTHCARE PHYSICAL MEDICINE, LLC

**Current Principal Place of Business:**

801 WEST GRANADA BLVD.  
SUITE 101  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

801 WEST GRANADA BLVD.  
SUITE 101  
ORMOND BEACH, FL 32174

**FEI Number:** 45-4745077

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

O'CONNOR, MICHAEL J  
801 WEST GRANADA BLVD.  
SUITE 101  
ORMOND BEACH, FL 32174 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	VP
Name	O'CONNOR, MICHAEL J	Name	O'CONNOR, HUI LIN
Address	801 WEST GRANADA BLVD., SUITE 101	Address	801 WEST GRANADA BLVD. SUITE 101
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HUI LIN O'CONNOR

VP

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date