

2017 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: HUILIN O'CONNOR

VP

02/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date