

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000102892

Entity Name: ADVANCED MEDICAL INTEGRATION, LLC**Current Principal Place of Business:**601 CLEVELAND ST
STE 600
CLEARWATER, FL 33755**Current Mailing Address:**601 CLEVELAND ST
600
CLEARWATER, FL 33755 US**FEI Number:** 46-3231181**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUNTINGTON, ERIC R
602 LIME AVE
UNIT 202
CLEARWATER, FL 33756 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
Name HUNTINGTON, ERIC R
Address 602 LIME AVE, UNIT 202
City-State-Zip: CLEARWATER FL 33756Title MGRM
Name HUNTINGTON, SHANNON
Address 602 LIME AVE, UNIT 202
City-State-Zip: CLEARWATER FL 33756Title MGRM
Name BEILHART, ROBERT
Address 294 SPOTTIS WOODS CT
City-State-Zip: CLEARWATER FL 33756Title MGRM
Name BEILHART, AUSTIN
Address 1312 LUCINDA WAY
City-State-Zip: TUSTIN CA 92780Title MGRM
Name PALMER, ROBERT J
Address PO BOX 982886
City-State-Zip: PARK CITY UT 84098Title MGRM
Name CARBERRY, MICHAEL C
Address 860 OWENS LAKE RD
City-State-Zip: ALPHARETTA GA 30004

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: ERIC HUNTINGTON**OWNER****04/01/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date