

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000182543

**Entity Name:** ADVANCED MED TEST LLC

**Current Principal Place of Business:**

2020 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

2020 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655 US

**FEI Number:** 47-2456704

**Certificate of Status Desired:** No

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

PERICH, DAVID A  
9490 S. OCEAN DRIVE  
JENSEN BEACH, FL 34957 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            AMBR  
Name            PERICH, DAVID A  
Address         9490 S OCEAN DR.  
City-State-Zip: JENSEN BEACH FL 34957

*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:** DAVID PERICH

AMBR

02/11/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date