

2015 FLORIDA LIMITED LIABILITY COMPANY 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 MGRM
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

MGRM

02/10/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date