

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000220888

**Entity Name:** ADVANCED APPLICATIONS IN MEDICAL PRACTICE, LLC

**Current Principal Place of Business:**

8121 BLUERIDGE LANE  
PARKLAND, FL 33067

**Current Mailing Address:**

8121 BLUE RIDGE LANE  
PARKLAND, FL 33067 US

**FEI Number: 81-4761625**

**Certificate of Status Desired: Yes**

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

PHILLIPS, JEREMY  
8121 BLUE RIDGE LANE  
PARKLAND, FL 33067 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	MGR	Title	MGR
Name	PHILLIPS, JEREMY	Name	ANDERSON, PAUL
Address	8121 BLUE RIDGE LANE	Address	2514 WALNUT STREET
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	EVERETT WA 98201

*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: JEREMY PHILLIPS**

**CO-FOUNDER**

**02/06/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date