

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002646

**FILED
Apr 28, 2017
Secretary of State
CC7214959638**

Entity Name: ADVANCED MEDICAL SERVICES, LLC

Current Principal Place of Business:

2999 PALM HARBOR BOULEVARD
SUITE B
PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 1685
PALM HARBOR, FL 34682

FEI Number: 62-1706721

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, DAMIAN KC.O.O.
2999 PALM HARBOR BOULEVARD
SUITE B
PALM HARBOR, FL 34683 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 | MGRM |
| Name | LONG, VIRGINIA C.E.O | Name | ANDERSON, DAMIAN KC.O.O. |
| Address | 2999 PALM HARBOR BOULEVARD, STE. B | Address | 2999 PALM HARBOR BOULEVARD, STE.B |
| City-State-Zip: | PALM HARBOR FL 34683 | City-State-Zip: | PALM HARBOR FL 34683 |

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: DAMIAN K. ANDERSON

C.O.O.

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date