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.

C.O.O.

SIGNATURE: DAMIAN ANDERSON

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M0300002646

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

## Name and Address of Current Registered Agent:

ANDERSON, DAMIAN K. 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	DAMIAN K. ANDERSON			03/11/2021	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	LONG, VIRGINIA C.E.O	Name	ANDERSON, DAMIAN K C.O.O.		
Address	2999 PALM HARBOR BOULEVARD, STE. B	Address	2999 PALM HARBOR BOULEVA STE.B	RD,	
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	PALM HARBOR FL 34683		

BOR, FL 34682

FILED Mar 11, 2021 Secretary of State 8622185704CC

Certificate of Status Desired: No

03/11/2021 Date