2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY -1 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000485

1. Entity Name

ADVANCED MEDICAL NETWORK, LTD.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
825 SE 3RD AVE		825 SE 3RD AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: OCALA FLORIDA		City & State: OCALA FLORIDA	
Zip: 34471	Country: U.S.	Zip: 34471	Country: U.S.

4. FEI Number 59-3539585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: WINDY A. KEMP

Street Address (P.O. Box Number is Not Acceptable): 825 SE 3RD AVENUE

City: OCALA FL Zip Code: 34471

8. 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 [signature] Windy A. Kemp CFO/Treasurer (352) 629-7979 4/30/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 11,000.00

10. Amount of Capital Contributions in FLORIDA to date. 11,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P98000077214 ADVANCED MEDICAL NETWORK HOLDINGS, INC.	STREET ADDRESS	825 SE 3RD AVENUE
		CITY-ST-ZIP	OCALA, FLORIDA 34471
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	100004220181--3 -05/16/01--01088--018- ****174.50 ****174.50
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] Windy A. Kemp CFO/Treasurer (352) 629-7979 4/30/2001 (352) 629-7979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #