

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000000485

**FILED**  
**Jan 09, 2007**  
**Secretary of State**

**Entity Name:** ADVANCED MEDICAL NETWORK, LTD.

**Current Principal Place of Business:**

825 SE 3RD AVE.  
OCALA, FL 33471

**New Principal Place of Business:**

**Current Mailing Address:**

825 SE 3RD AVE.  
OCALA, FL 33471

**New Mailing Address:**

**FEI Number:** 59-3539585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEMP, WINDY A  
825 SE 3RD AVE.  
OCALA, FL 33471 US

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

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

**GENERAL PARTNER INFORMATION:**

Document #: P98000077214  
Name: ADVANCED MEDICAL NETWORK HOLDINGS, INC.  
Address: 825 SE 3RD AVE.  
City-St-Zip: OCALA, FL 33471

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: WINDY A. KEMP

DST

01/09/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date