# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000019449

**1.** Entity Name
ADVANCED REIMBURSEMENT STRATEGIES I, LLC

30010595

06122006    Chg-LLC    CR2E083 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| 3497 OAK KNOLL POINT<br>LAKE MARY, FL 32746 | 3497 OAK KNOLL POINT<br>LAKE MARY, FL 32746 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

**4.** FEI Number — NOT APPLICABLE — Applied For / Not Applicable

**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PENINSULA REGISTERED AGENTS<br>200 SOUTH BISCAYNE BOULEVARD, SUITE 4300<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City ___ FL  Zip Code |

**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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $50.00**
**Due by September 6, 2006**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | 10. ADDITIONS / CHANGES |
|---|---|
| TITLE P<br>NAME ADAMS, JIM<br>STREET ADDRESS 2162 HENLEY PLACE<br>CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS 168 Plantation Circle South<br>CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition |
| TITLE MGR<br>NAME TOSO-TRI-NET, MARTE<br>STREET ADDRESS P.O. 427<br>CITY-ST-ZIP CHELMSFORD, MA 01824 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE MGR<br>NAME NUTT, WILLIAM G<br>STREET ADDRESS 3497 OAK KNOLL PT<br>CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP ☐ Change ☐ Addition |
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**11.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _William G. Nutt_    William G. Nutt    06/12/06    407-833-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #