2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019449

City-St-Zip: LAKE MARY, FL 32746

Entity Name: ADVANCED REIMBURSEMENT STRATEGIES I, LLC

FILED Apr 03, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	KNOLL POINT RY, FL 32746					
Current M	ailing Address:		New Mailing Address:			
	KNOLL POINT RY, FL 32746					
FEI Number:	FEI Number Applied For () FEI Num	FEI Number Not Applicable (X)		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
200 SOUT MIAMI, FL The above	A REGISTERED AGENTS H BISCAYNE BOULEVARD, SUITE 43(33131 US named entity submits this statement for e of Florida.		changing i	its registered of	fice or register	red agent, or both
SIGNATUF						
Electronic Signature of Registered Ager			Date			
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip: Title:	P () Delete ADAMS, JIM 168 PLANTATION CIR SOUTH PONTE VEDRA BEACH, FL 32082 MGR () Delete		Title: Name: Address: City-St-Zip: Title:	ADAMS, JIM 2 SAWGRASS E PONTE VEDRA	Change () Addit DRIVE SOUTH BEACH, FL 3208 Change () Addit	32
Name: Address: City-St-Zip:	TOSO-TRI-NET, MARTE P.O. 427 CHELMSFORD, MA 01824		Name: Address: City-St-Zip:	TOSO-TRI-NÈT, 28 BURNHAM R WENHAM, MA	MARTE OAD	
Title: Name: Address:	MGR () Delete NUTT, WILLIAM G 3497 OAK KNOLL PT		Title: Name: Address:	()	Change () Additi	ion

I hereby certify that the information supplied with this filing does not qualify 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 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.

City-St-Zip:

SIGNATURE: WILLIAM G. NUTT MGR 04/03/2008