2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019449

City-St-Zip: LAKE MARY, FL 32746

Entity Name: ADVANCED REIMBURSEMENT STRATEGIES I, LLC

FILED Mar 19, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	KNOLL POINT RY, FL 32746			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	KNOLL POINT RY, FL 32746			
FEI Number	: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		t: Name and Address o	Name and Address of New Registered Agent:	
	LA REGISTERED AGENTS TH BISCAYNE BOULEVARD, SUITE 430 33131 US	0		
	named entity submits this statement for e of Florida.	the purpose of changing its registere	d office or registered agent, or both	
SIGNATUI	RE:			
	Electronic Signature of Registered	d Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	P () Delete ADAMS, JIM 2 SAWGRASS DRIVE SOUTH PONTE VEDRA BEACH, FL 32082	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete TOSO-TRI-NET, MARTE 28 BURNHAM ROAD WENHAM, MA 01984	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGR () Delete NUTT, WILLIAM G 3497 OAK KNOLL PT	Title: Name: Address:	() Change () Addition	

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 03/19/2009