2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019609

Entity Name: ADVANCED INTERNAL MEDICINE, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
601 UNIVERSITY BLVD 105 JUPITER, FL 33458 US	

Current Mailing Address:	**New Mailing Address:**
601 UNIVERSITY BLVD 105 JUPITER, FL 33458 US	

FEI Number: 82-0556723   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GOLDMAN, ALEXANDER 601 UNIVERSITY BLVD 105 JUPITER, FL 33458 US	

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

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:	
Title:	MGR ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	ALEXANDER GOLDMAN, M, D, P.A.	Name:	ALEXANDER GOLDMAN, M, D, P.A.
Address:	601 UNIVERSITY BLVD, 105	Address:	601 UNIVERSITY BLVD, 105
City-St-Zip:	JUPITER, FL 33458 US	City-St-Zip:	JUPITER, FL 33458 US
Title:	MGR ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	SALUJA VARGHESE, MD,, P.A.	Name:	SALUJA VARGHESE, MD,, P.A.
Address:	601 UNIVERSITY BLVD, 105	Address:	601 UNIVERSITY BLVD, 105
City-St-Zip:	JUPITER, FL 33458 US	City-St-Zip:	JUPITER, FL 33458 US

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.

SIGNATURE: ALEXANDER GOLDMAN   MGRM   04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date