

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015060

Entity Name: ADMD, LLC

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

28050 US HWY 19 N
STE. 405
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

28050 US HWY 19 N
STE. 405
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 37-1470032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSON, E. KATHRYN
28050 US HWY 19 NORTH
STE. 405
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

ROSS, CARY
328 W. BEARSS AVENUE
SUITE A
TAMPA, FL 33613 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: CARY ROSS

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DICKSON, KATHY
Address: 28050 US HWY 19 N, STE. 405
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM (X) Delete
Name: DICKSON, DAVID
Address: 28050 US HWY 19 N, STE. 405
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM (X) Delete
Name: AYERS, ALLYN
Address: 28050 US HWY 19 N, STE. 405
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 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: E. KATHRYN DICKSON

MGRM

04/12/2006

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