

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069023

FILED
Feb 27, 2007
Secretary of State

Entity Name: ADVANCED MEDICAL TREATMENT CENTERS LLC

Current Principal Place of Business:

6400 CONGRESS AVENUE, SUITE 1400
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6400 CONGRESS AVENUE, SUITE 1400
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-1671813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHOWALD, PAUL
6400 CONGRESS AVENUE, SUITE 1400
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: SCHLOSSER, MARC
Address: 6400 CONGRESS AVENUE, SUITE 1400
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: NACHLAS, NATHAN E
Address: 6400 CONGRESS AVENUE, SUITE 1400
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: MAHOWALD, PAUL
Address: 6400 CONGRESS AVENUE, SUITE 1400
City-St-Zip: BOCA RATON, FL 33487

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: PAUL MAHOWALD

MGR

02/27/2007

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