

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069023

FILED  
Apr 14, 2009  
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:**

6400 CONGRESS AVENUE  
SUITE # 1400  
BOCA RATON, FL 33487

**Current Mailing Address:**

6400 CONGRESS AVENUE, SUITE 1400  
BOCA RATON, FL 33487

**New Mailing Address:**

6400 CONGRESS AVENUE  
SUITE # 1400  
BOCA RATON, FL 33487

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:**

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

04/14/2009

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 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

COO

04/14/2009

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