
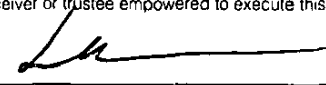


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90200 035 \*\*\*138.75

<b>DOCUMENT # L05000054526</b> 1. Entity Name <b>ADVANCED MEDICAL SPECIALTIES, LLC</b>					
Principal Place of Business <b>C/O JOSE PARAPAR 8881 N.W. 18TH TERRACE MIAMI, FL 33172</b>			Mailing Address <b>C/O WILLIAM J. SPRATT, JR., ESQ. 200 S. BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131-2399</b>		
2. Principal Place of Business - No P.O. Box # <b>9350 S.W. 72<sup>ND</sup> STREET</b>		3. Mailing Address <b>SUITE 200</b>			
Suite, Apt. #, etc. <b>SUITE 200</b>		Suite, Apt. #, etc.			
City & State <b>MIAMI, FLORIDA</b>		City & State		4. FEI Number <b>20-2949174</b>	
Zip <b>33131</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPRATT, WILLIAM J JR., ESQ 200 S. BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131-2399</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALMAN, LEONARD 8881 N.W. 18TH TERRACE MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALMAN, LEONARD, M.D. 9350 S.W. 72 <sup>ND</sup> STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAYWIN, PAUL MD 8881 N.W. 18TH TERRACE MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARCADA, ALBERTO, M.D. 9350 S.W. 72 <sup>ND</sup> STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARCADA, ALBERTO 8881 N.W. 18TH TERRACE MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAYWIN, PAUL, M.D. 9350 S.W. 72 <sup>ND</sup> STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, JULIO 8881 N.W. 18TH TERRACE MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERRA, MANUEL, M.D. 9350 S.W. 72 <sup>ND</sup> STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, JONATHAN 8881 N.W. 18TH TERRACE MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERCILLA, OSCAR, M.D. 9350 S.W. 72 <sup>ND</sup> STREET, SUITE 200 MIAMI, FLORIDA 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERCILLA, OSCAR 8881 N.W. 18TH TERRACE MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAUNSCHWEIG, TOMAS, M.D. 9350 S.W. 72 <sup>ND</sup> STREET, SUITE 200 MIAMI, FLORIDA 33173
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <span style="float: right;">Daytime Phone #</span>					