

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054526

FILED
Feb 25, 2011
Secretary of State

Entity Name: ADVANCED MEDICAL SPECIALTIES, LLC

Current Principal Place of Business:

9350 S.W. 72ND STREET
SUITE 200
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9350 S.W. 72ND STREET
SUITE 200
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-2949174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRATT, WILLIAM J JR., ESQ
200 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI, FL 331312399 US

Name and Address of New Registered Agent:

PARAPAR, JOSE
9350 S.W. 72ND ST
SUITE 200
MIAMI, FL 33173 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: JOSE PARAPAR

02/25/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KALMAN, LEONARD M.D.
Address: 9350 S.W. 72ND STREET, STE 200
City-St-Zip: MIAMI, FL 33173

Title: MGR
Name: KAYWIN, PAUL MD
Address: 9350 S.W. 72ND STREET, STE 200
City-St-Zip: MIAMI, FL 33173

Title: MGR
Name: UCAR, ANTONIO MD
Address: 9350 S.W. 72ND STREET, STE 200
City-St-Zip: MIAMI, FL 33173

Title: MGR
Name: ANTUNEZ DE MAYOLO, JORGE C M.D.
Address: 9350 S.W. 72ND STREET, STE 200
City-St-Zip: MIAMI, FL 33173

Title: MGR
Name: RAVELO, RAUL M.D.
Address: 9350 S.W. 72ND STREET, STE 200
City-St-Zip: MIAMI, FL 33173

Title: MGR
Name: TERCILLA, OSCAR MD
Address: 9350 S.W. 72ND STREET, STE 200
City-St-Zip: MIAMI, FL 33173

I hereby 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: LEONARD KALMAN

MGR

02/25/2011

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