

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054526

FILED
Mar 20, 2012
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:

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

03/20/2012

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