S08259900463
9/12/2008-90016-046-$543.75-$543.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000069514

1. Entity Name
ADVANCED HEALTH HOLDINGS, LLC

Principal Place of Business	Mailing Address
842 SUNSET LAKE BLVD. #401 VENICE, FL 34292	842 SUNSET LAKE BLVD. #401 VENICE, FL 34292

07072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3149991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KONTOR, JOHN T 328 PEDRO ST. VENICE, FL 34285	Name: Jeffrey Glover Street Address (P.O. Box number is Not Acceptable): 8434 Cypress Hollow Drive City: Sarasota FL Zip Code: 34238

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: Jeffrey Glover 9/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE	[redacted] Member	☐ Change ☒ Addition
NAME	KONTOR, JOHN T		NAME	Dena Glover	
STREET ADDRESS	328 PEDRO ST.		STREET ADDRESS	8434 Cypress Hollow Dr	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Sarasota FL 34238	
TITLE		☐ Delete	TITLE	Member	☐ Change ☒ Addition
NAME			NAME	Dr Nagarajan Dewar	
STREET ADDRESS			STREET ADDRESS	4140 Woodmere Park Blvd Suite C	
CITY-ST-ZIP			CITY-ST-ZIP	Venice FL 34293	
TITLE		☐ Delete	TITLE	Member	☐ Change ☒ Addition
NAME			NAME	Dr Chris Jefferson	
STREET ADDRESS			STREET ADDRESS	842 Sunset Lake Blvd Suite 401	
CITY-ST-ZIP			CITY-ST-ZIP	Venice FL 34292	
TITLE		☐ Delete	TITLE	Member	☐ Change ☒ Addition
NAME			NAME	John Kontor	
STREET ADDRESS			STREET ADDRESS	328 Pedro St	
CITY-ST-ZIP			CITY-ST-ZIP	Venice FL 34285	
TITLE		☐ Delete	TITLE	Manager	☐ Change ☐ Addition
NAME			NAME	Jeffrey Glover	
STREET ADDRESS	REINSTATEMENT 2008		STREET ADDRESS	8434 Cypress Hollow Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota FL 34238	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

2008 OCT 15 P 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jeffrey Glover 9/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #