

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000109040

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** ADVANTAGE MEDICAL SYSTEMS LLC

**Current Principal Place of Business:**

4295 CHURCH ST  
#1029  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

4295 CHURCH ST  
#1029  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 20-3765799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, DEBORAH A  
4044 WEST LAKE MARY BLVD  
104  
LAKE MARY, FL 32746 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: MGRM  
Name: CAMPBELL, DEBORAH A  
Address: 4044 WEST LAKE MARY BLVD  
City-St-Zip: LAKE MARY, FL 32746

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: DEBORAH A. CAMPBELL

MRS

03/10/2011

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