

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116204

Entity Name: ADVANCED MEDICAL CARE, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

734 ELKCAM BLVD
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

734 ELKCAM BLVD
DELTONA, FL 32725

New Mailing Address:

FEI Number: 20-3914218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, MICHAEL
734 ELKCAM BLVD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

SAMAAN, MAGED DR
734 ELKCAM BLVD
DELTONA, FL 32725 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: MAGED SAMAAN

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAMAAN, MAGED
Address: 734 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32725

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAMAAN, MAGED DR
Address: 734 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32725

Title: MGR () Change (X) Addition
Name: JOSEPH, MICHAEL
Address: 734 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MAGED SAMAAN

MGR

04/30/2008

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