

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014347

FILED
Jan 06, 2007
Secretary of State

Entity Name: ADVANCED MEDICAL CENTER, LLC

Current Principal Place of Business:

2171 PINE RIDGE ROAD
NAPLES, FL 34109

New Principal Place of Business:

2171 PINE RIDGE ROAD
NAPLES, FL 34109 US

Current Mailing Address:

2171 PINE RIDGE ROAD
NAPLES, FL 34109

New Mailing Address:

2171 PINE RIDGE ROAD
NAPLES, FL 34109 US

FEI Number: 65-0043540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEACH, GREGORY E MD
2171 PINE RIDGE ROAD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 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: JAMES R. NICI

01/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEACH, GREGORY E M.D.
Address: 2171 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEACH, GREGORY E M.D.
Address: 2171 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY E. LEACH

MGR

01/06/2007

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