

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014347

FILED
Jan 25, 2008
Secretary of State

Entity Name: ADVANCED MEDICAL CENTER, LLC

Current Principal Place of Business:

2171 PINE RIDGE ROAD
NAPLES, FL 34109 US

New Principal Place of Business:

1250 PINE RIDGE ROAD
NAPLES, FL 34108 US

Current Mailing Address:

2171 PINE RIDGE ROAD
NAPLES, FL 34109 US

New Mailing Address:

1250 PINE RIDGE ROAD
NAPLES, FL 34108 US

FEI Number: 65-0043540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 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 () Delete
Name: LEACH, GREGORY E M.D.
Address: 2171 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGORY E. LEACH

MGR

01/25/2008

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