2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# L06000014347

Entity Name: ADVANCED MEDICAL CENTER, LLC

Current Principal Place of Business:

1250 PINE RIDGE ROAD
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

1250 PINE RIDGE ROAD
NAPLES, FL 34108 US

New Mailing Address:

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: MGR (X) Change ( ) Addition
Name: LEACH, GREGORY E M.D.
Address: 1250 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34108 US

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, M.D. MGR 02/02/2009

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