

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113415

FILED  
Feb 26, 2007  
Secretary of State

**Entity Name:** ADVANCED HEALTHCARE ADVISORS, LLC

**Current Principal Place of Business:**

C/O 1900 S. OCEAN BLVD., UNIT 3G  
LAUDERDALE-BY-THE-SEA, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1900 S. OCEAN BLVD., UNIT 3G  
LAUDERDALE-BY-THE-SEA, FL 33062

**New Mailing Address:**

**FEI Number:** 15-6800425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DARDANELLO, STEPHANIE M  
1900 S. OCEAN BLVD., UNIT 3G  
LAUDERDALE-BY-THE-SEA, FL 33062 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS. ( ) Change (X) Addition  
Name: DARDANELLO, STEPHANIE M  
Address: 1900 SOUTH OCEAN BOULEVARD, UNIT 3G  
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33062 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:** STEPHANIE M. DARDANELLO

MS.

02/26/2007

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