# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 15, 2009**
**Secretary of State**

DOCUMENT# L07000107855

**Entity Name:** PREFERRED CARE NETWORK, LLC

**Current Principal Place of Business:**

825 SE 3RD AVENUE
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

825 SE 3RD AVENUE
OCALA, FL 34471

**New Mailing Address:**

**FEI Number: 26-1281314** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COHEN, JEFFREY L ESQ.
54 NE FOURTH AVENUE
DELRAY BEACH, FL 33483 US

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

KEMP, WINDY A
825 SE 3RD AVENUE
OCALA, FL 34471 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: WINDY A KEMP 01/15/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: ADVANCED MEDICAL NET, WORK LTD.
Address: 825 SE 3RD AVENUE
City-St-Zip: OCALA, FL 34471

**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: WINDY A KEMP T/S 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date