

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023527

FILED
Jan 05, 2010
Secretary of State

Entity Name: PREFERRED CARE NETWORK II, LLC

Current Principal Place of Business:

825 SE 3RD AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

825 SE 3RD AVENUE
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 26-2106422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEMP, WINDY A
825 SE 3RD AVENUE
OCALA, FL 34471 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
Name: ADVANCED MEDICAL NETWORK, LTD.
Address: 825 SE 3RD AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: THURSTON, GARY A
Address: 825 SE 3RD AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: KEMP, WINDY A
Address: 825 SE 3RD AVENUE
City-St-Zip: Ocala, FL 34471 US

I hereby 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

MGR

01/05/2010

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