

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000054749

FILED
Aug 16, 2010
Secretary of State

Entity Name: ADVANCED MEDICAL HEALTH CENTER, LLC

Current Principal Place of Business:

3015 POWELL ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21093
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 30-0562077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASE, G
3015 POWELL ROAD
TALLAHASSEE, FL 32308 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: CASE, GILBERT
Address: 3015 POWELL ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM
Name: PUNYANIYAMA, NAPA WAN
Address: PO BOX 21093
City-St-Zip: TALLAHASSEE, FL 32316

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: GILBERT CASE

MGR

08/16/2010

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