

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080787

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10914 WATER LILY WAY  
BRADENTON, FL 34202

**New Principal Place of Business:**

8480 COOPER CREEK BOULEVARD  
SUITE 102  
BRADENTON, FL 34201

**Current Mailing Address:**

10914 WATER LILY WAY  
BRADENTON, FL 34202

**New Mailing Address:**

8480 COOPER CREEK BOULEVARD  
SUITE 102  
BRADENTON, FL 34201

FEI Number: 27-3158510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BRANNON, JOSEPH A  
5304 4TH AVENUE CIRCLE EAST  
BRADENTON, FL 34208 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: MGRM  
Name: DUBE, MARIO  
Address: 10914 WATER LILY WAY  
City-St-Zip: BRADENTON, FL 34202

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: MARIO DUBE

DR.

03/15/2011

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