


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		901122 12:25	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company ADVANCED MEDICAL NETWORK, L.L.C. 2405 SE 17TH STREET, SUITE 301 OCALA FL 33471		DOCUMENT # L98000001741 1a. Principal Place of Business Address 2405 SE 17TH STREET, SUITE 3 OCALA FL 33471			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/08/1998 3a. State of Formation FL 4. FEI Number 59-3539245 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent COHEN, JEFFREY L ESQ. 54 NORTHEAST 4TH AVENUE DELRAY BEACH FL 33483			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code FL 33471		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
<small>(If Registered Agent is a corporation, partnership, or other entity, the registered agent must be an individual resident in the state.)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	THURSTON, GARY	2405 SE 17TH STREET, SUITE 301		OCALA FL 33471	
MGR	KEMP, WINDY A.	2405 SE 17TH STREET SUITE 301		OCALA, FL 33471	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		2/17/99 (352)6902171			