

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001741

1. Entity Name  
ADVANCED MEDICAL NETWORK, L.L.C.

APPROVED  
AND  
FILED

01 APR 27 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2405 SE 17TH STREET, SUITE 301  
OCALA FL 33471

Mailing Address  
2405 SE 17TH STREET, SUITE 301  
OCALA FL 33471



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
825 S.E. 3<sup>RD</sup> AVE.

3. Mailing Address  
825 S.E. 3<sup>RD</sup> AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
OCALA, Florida

City & State  
OCALA, Florida

4. FEI Number 59-3539245

Applied For

Not Applicable

Zip  
34471

Country  
U.S.

Zip  
34471

Country  
U.S.

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, JEFFREY L ESQ.  
54 NORTHEAST 4TH AVENUE  
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NO E: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200004218392--9  
-05/15/01--01130--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
THURSTON, GARY  
2405 SE 17TH STREET, SUITE 301  
OCALA FL 33471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
825 S.E. 3<sup>RD</sup> AVE.  
OCALA, Florida 34471 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KEMP, WINDY A  
2405 SE 17TH STREET, SUITE 301  
OCALA FL 33471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
825 S.E. 3<sup>RD</sup> AVE.  
OCALA, Florida 34471 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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11. I 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 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.

SIGNATURE:

*Windy A. Kemp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/01

Date

Windy A. Kemp  
CFO/Treasurer  
(352) 629-7979

Daytime Phone #

CR2E083 (11/00)