

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000001741

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



Principal Place of Business

825 S.E. 3RD AVE.  
OCALA, FL 33471

Mailing Address

825 S.E. 3RD AVE.  
OCALA, FL 33471

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3539245

Applied For  
Not Applicable

5. Certificate of Status Desired.



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
THURSTON, GARY  
825 S.E. 3RD AVE.  
OCALA, FL 33471

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
KEMP, WINDY A  
825 S.E. 3RD AVE.  
OCALA, FL 33471

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000023085  
02/02/04-80012-012 55.00

**DO NOT WRITE  
IN THIS SPACE**

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

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

1/27/2004  
Date

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