

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001741

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3539245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ.
54 NORTHEAST 4TH AVENUE
DELRAY BEACH, FL 33483 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 () Delete
Name: THURSTON, GARY
Address: 825 S.E. 3RD AVE.
City-St-Zip: OCALA, FL 33471

Title: MGR () Delete
Name: KEMP, WINDY A
Address: 825 S.E. 3RD AVE.
City-St-Zip: OCALA, FL 33471

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WINDY A KEMP

T/S

01/16/2009

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