

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000001741

**FILED**  
**Jan 05, 2010**  
**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  
**Name:** THURSTON, GARY  
**Address:** 825 S.E. 3RD AVE.  
**City-St-Zip:** OCALA, FL 33471

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

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:** WINDY A. KEMP

MGR

01/05/2010

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