

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90114 042 \*\*\*\*55.00

**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**

**20000000**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3539245**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	THURSTON, GARY	825 S.E. 3RD AVE.	OCALA FL 33471	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	KEMP, WINDY A	825 S.E. 3RD AVE.	OCALA FL 33471	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

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

**1/6/2003**

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

Date

Daytime Phone #

CR2E083 (10/02)