

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002646

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: ADVANCED MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

2150 PALM HARBOR BOULEVARD  
SUITE A  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

2150 PALM HARBOR BOULEVARD  
SUITE A  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 62-1706721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ANDERSON, DAMIAN K C.O.O.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

ANDERSON, DAMIAN K C.O.O.  
2150 PALM HARBOR BOULEVARD  
SUITE A  
PALM HARBOR, FL 34683 US

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: DAMIAN K. ANDERSON

01/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LONG, VIRGINIA  
Address: 3522 CENTRAL PIKE, STE. 209  
City-St-Zip: HERMITAGE, TN 37076

Title: MGRM ( ) Delete  
Name: EVANS, KEITH  
Address: 3522 CENTRAL PIKE, STE. 209  
City-St-Zip: HERMITAGE, TN 37076

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LONG, VIRGINIA C.E.O  
Address: 2150 PALM HARBOR BOULEVARD, SUITE A  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON, DAMIAN K C.O.O.  
Address: 2150 PALM HARBOR BOULEVARD, SUITE A  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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: DAMIAN K. ANDERSON

COO

01/09/2006

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