

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094713

Entity Name: ADVANCED MEDICAL RESEARCH CENTERS LLC**Current Principal Place of Business:**1690 DUNLAWTON AVE
SUITE 110
PORT ORANGE, FL 32127**Current Mailing Address:**1690 DUNLAWTON AVE
SUITE 110
PORT ORANGE, FL 32127 US**FEI Number:** 26-0906454**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADVANCED HEALTHCARE SYSTEMS, P.A.
1690 DUNLAWTON AVE
SUITE 210
PORT ORANGE, FL 32127 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	ADVANCED HEALTHCARE SYSTEMS, P.A.
Address	1690 DUNLAWTON AVE - STE 210
City-State-Zip:	PORT ORANGE FL 32127

Title	MANAGER
Name	HEMAIDAN, AMMAR
Address	1690 DUNLAWTON AVE 110
City-State-Zip:	PORT ORANGE FL 32127

Title	MGR
Name	KORAKLI, MONA
Address	1690 DUNLAWTON AVE SUITE 110
City-State-Zip:	PORT ORANGE FL 32127

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA WATSON ON BEHALF OF AMMAR
HEMAIDAN

CPA

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date