

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094713

Entity Name: ADVANCED MEDICAL RESEARCH CENTERS LLC

Current Principal Place of Business:

1690 DUNLAWTON AVE
SUITE 125
PORT ORANGE, FL 32127

Current Mailing Address:

1690 DUNLAWTON AVE
SUITE 125
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 125
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 125
City-State-Zip: PORT ORANGE FL 32127

Title MANAGER
Name HEMAIDAN, AMMAR
Address 1690 DUNLAWTON AVE
125
City-State-Zip: PORT ORANGE FL 32127

Title MGR
Name KORAKLI, MONA
Address 1690 DUNLAWTON AVE
SUITE 125
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: AMMAR HEMAIDAN

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date