

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000047492

**Entity Name:** ADVANCED MEDICAL GROUP LLC

**Current Principal Place of Business:**

7100 WEST 20 AVENUE  
SUITE 512  
HIALEAH, FL 33016

**Current Mailing Address:**

7100 WEST 20 AVENUE  
SUITE 512  
HIALEAH, FL 33016 US

**FEI Number:** 90-0816936

**Certificate of Status Desired:** No

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

PEDRO L. CARRILLO, MD, PA  
7100 WEST 20 AVENUE  
SUITE 512  
HIALEAH, FL 33016 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:** PEDRO L CARRILLO

04/25/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PEDRO L CARRILLO, JR.,MD, PA  
Address 7100 WEST 20 AVENUE  
SUITE 512  
City-State-Zip: HIALEAH FL 33016

Title MGRM  
Name FARID MARQUEZ, MD, PA  
Address 5040 NW 7 STREET  
SUITE 680  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name OTTO SECADA, MD,PA  
Address 2387 WEST 68 STREET  
SUITE 203  
City-State-Zip: HIALEAH FL 33016

Title MGRM  
Name DADE MEDICAL CARE CORPORATION  
Address 2601 POINT EAST DRIVE  
City-State-Zip: AVENTURA FL 33160

*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:** PEDRO L. CARRILLO

MGRM

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date