

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000047492

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC0945653050**

**Entity Name:** ADVANCED MEDICAL GROUP LLC

**Current Principal Place of Business:**

1390 NW 7 STREET  
MIAMI, FL 33125

**Current Mailing Address:**

1390 NW 7 STREET  
MIAMI, FL 33125 US

**FEI Number:** 90-0816936

**Certificate of Status Desired:** No

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

CARDONA MEDICAL CENTER INC  
1390 NW 7 STREET  
MIAMI, FL 33125 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 CARDONA MEDICAL CENTER INC  
Address 1390 NW 7 STREET  
City-State-Zip: MIAMI FL 33125

Title MGRM  
Name ALHAMBRA MEDICAL GROUP INC  
Address 3850 SW 87 AVENUE #104  
City-State-Zip: MIAMI FL 33165

Title MGRM  
Name PEDRO L CARRILLO, JR., PA  
Address 2140 WEST 68 STREET #308  
City-State-Zip: HIALEAH FL 33016

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTONIO I CARDONA JR

**MANAGING MEMBER**

**04/23/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date