

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000091310

Entity Name: ADVANCED MED PARTNERS LLC

Current Principal Place of Business:

7824 LAKE UNDERHILL RD
SUITE H
ORLANDO, FL 32822

Current Mailing Address:

P O BOX 940220
MAITLAND, FL 32794

FEI Number: 46-3050493

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MYRES, CELIA
7824 LAKE UNDERHILL RD
SUITE H
ORLANDO, FL 32822 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 MYRES, CELIA G
Address P O BOX 940220
City-State-Zip: MAITLAND FL 32794

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: CELIA MYRES

MGRM

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date