

**2014 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 32722

**Current Mailing Address:**

P O BOX 940220  
MAITLAND, FL 32794

**FEI Number:** 46-3050493

**Certificate of Status Desired:** Yes

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

MYRES, CELIA  
7824 LAKE UNDERHILL RD.  
SUITE B  
ORLANDO, FL 32722 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

**MANAGER**

**05/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date