

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000172886

Entity Name: ADVANCED MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

819 N. PINE HILLS ROAD
ORLANDO, FL 32808

Current Mailing Address:

819 N. PINE HILLS ROAD
ORLANDO, FL 32808 US

FEI Number: 47-5403430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADVANCED MEDICAL ASSOCIATES, LLC
819 N. PINE HILLS ROAD
ORLANDO, FL 32808 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: SRUJANI GADDAM

01/19/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR, MANAGER

Name GADDAM, SRUJANI

Address 819 N. PINE HILLS ROAD

City-State-Zip: ORLANDO FL 32808

Title AMBR, MANAGER

Name GOLI, SRIDHAR

Address 819 N. PINE HILLS ROAD

City-State-Zip: ORLANDO FL 32808

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: SRIDHAR GOLI

MANAGER

01/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date