2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90045 010 ****50.00

DOCUMENT # L02000022998

1. Entity Name
AXCESS DIAGNOSTICS BUILDING, LLC

Principal Place of Business	Mailing Address
842 SUNSET LAKE BOULEVARD SUITE 301 VENICE, FL 34292	842 SUNSET LAKE BOULEVARD SUITE 301 VENICE, FL 34292

DO NOT WRITE IN THIS SPACE

03292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3870624
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MILEY, STEPHEN M M.D.
842 SUNSET LAKE BOULEVARD
SUITE 301
VENICE, FL 34292

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MILEY, STEPHEN M MD
STREET ADDRESS	842 SUNSET LAKE BOULEVARD, SUITE 301
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: _____ 4-7-05 941 488-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #