

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000009787

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Entity Name:** AXCESS MEDICAL RESEARCH LLC

**Current Principal Place of Business:**

12794 W. FOREST HILL BLVD., STE. 10A  
WELLINGTON, FL 34414 US

**New Principal Place of Business:**

12794 W. FOREST HILL BLVD., STE. 10A  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

12794 W. FOREST HILL BLVD., STE. 10A  
WELLINGTON, FL 34414 US

**New Mailing Address:**

12794 W. FOREST HILL BLVD., STE. 10A  
WELLINGTON, FL 33414 US

**FEI Number:** 27-4769754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUSEY, LLOYD  
3411 ROSE HILL WAY  
LAUDERHILL, FL 33319 US

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

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:** LLOYD PUSEY

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** GREEN, NOVETTE  
**Address:** 12794 W. FOREST HILL BLVD., STE. 10A  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** MGR  
**Name:** LIU, ED  
**Address:** 12794 W. FOREST HILL BLVD., STE. 10A  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** MGR  
**Name:** PUSEY, LLOYD  
**Address:** 12794 W. FOREST HILL BLVD., STE. 10A  
**City-St-Zip:** WELLINGTON, FL 33414 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** LLOYD PUSEY

MGR

10/03/2014

Electronic Signature of Authorized Person

Date