

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048893

**Entity Name:** ACCESS FAMILY HEALTH CARE, LLC

**Current Principal Place of Business:**

2951 NW 49TH AVENUE  
104  
LAUDERDALE LAKES, FL 33313

**Current Mailing Address:**

2951 NW 49TH AVENUE  
104  
LAUDERDALE LAKES, FL 33313 US

**FEI Number:** 26-2497114

**Certificate of Status Desired:** No

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

BEDWANY, FARID  
2951 NW 49TH AVENUE  
104  
LAUDERDALE LAKES, FL 33313 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 ABDOU, AYMAN  
Address 2951 NW 49TH AVENUE , SUITE 104  
City-State-Zip: LAUDERDALE LAKES FL 33313

*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:** AYMAN ABDOU

**OWNER**

**01/15/2014**

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

\_\_\_\_\_  
Date