

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000009787

**Entity Name:** AXCESS MEDICAL RESEARCH LLC

**Current Principal Place of Business:**

13005 SOUTHERN BOULEVARD  
SUITE 214  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

13005 SOUTHERN BOULEVARD  
SUITE 214  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 27-4769754

**Certificate of Status Desired:** Yes

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

PUSEY, LLOYD  
13005 SOUTHERN BOULEVARD  
SUITE 214  
LOXAHATCHEE, FL 33470 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 MGR  
Name GREEN, NOVETTE  
Address 13005 SOUTHERN BOULEVARD  
SUITE 214  
City-State-Zip: LOXAHATCHEE FL 33470

Title MGR  
Name PUSEY, LLOYD  
Address 13005 SOUTHERN BOULEVARD  
SUITE 214  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** LLOYD PUSEY

**MANAGER**

**04/15/2016**

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

\_\_\_\_\_  
Date