

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000009787

Entity Name: AXCESS MEDICAL RESEARCH LLC**Current Principal Place of Business:**12794 W. FOREST HILL BLVD., STE. 10A
WELLINGTON, FL 34414**Current Mailing Address:**12794 W. FOREST HILL BLVD., STE. 10A
WELLINGTON, FL 34414 US**FEI Number:** 27-4769754**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PUSEY, LLOYD
12794 W. FOREST HILL BLVD
SUITE 10A
WELLINGTON, FL 33414 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	12794 W. FOREST HILL BLVD., STE. 10A
City-State-Zip:	WELLINGTON FL 34414

Title	MGR
Name	LIU, ED
Address	12794 W. FOREST HILL BLVD., STE. 10A
City-State-Zip:	WELLINGTON FL 34414

Title	MGR
Name	PUSEY, LLOYD
Address	12794 W. FOREST HILL BLVD., STE. 10A
City-State-Zip:	WELLINGTON FL 34414

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

PRESIDENT/MANAGER

04/06/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date