

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LLOYD PUSEY

**MANAGER**

**03/28/2013**

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

\_\_\_\_\_  
Date