

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111150

**Entity Name:** ALL ACCESS MOBLIE HEMODIALYSIS LLC

**Current Principal Place of Business:**

100 OPAL HILL CIRCLE  
DAYTONA BEACH, FL 32124

**Current Mailing Address:**

P. O. BOX 11434  
DAYTONA BEACH, FL 32120 US

**FEI Number: 45-3534749**

**Certificate of Status Desired: No**

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

RESTINO, PHILIP C  
27 BAY IN THE WOOD  
PORT ORANGE, FL 32129 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 BARRAGAN, ROBERTO DIII  
Address 100 OPAL HILL CIRCLE  
City-State-Zip: DAYTONA BEACH FL 32124

Title MGRM  
Name MONGAL, JACQUILINE T  
Address 100 OPAL HILL CIRCLE  
City-State-Zip: DAYTONA BEACH FL 32124

Title MGRM  
Name MALLOY-GLOVER, LYNDAH  
Address 8947 WASHINGTON AVENUE  
City-State-Zip: JACKSONVILLE FL 32208

Title MGRM  
Name ROMERO-BARRAGAN, LUISA A  
Address 100 OPAL HILL CIRCLE  
City-State-Zip: DAYTONA BEACH FL 32124

*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: ROBERTO D. BARRAGAN, III**

**OWNER**

**02/25/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date