2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005556

Entity Name: ACCESSMD, P.L.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1713 SW HEALTH PKWY STE 1 1713 SW HEALTH PARKWAY NAPLES, FL 34109

SUITE 1

NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

1713 SW HEALTH PKWY STE 1 1713 SW HEALTH PARKWAY NAPLES, FL 34109

SUITE 1

NAPLES, FL 34109 US

FEI Number: 04-3621001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DOXEY, ROBIN NICI, JAMES R ESQ

C/O COX & NICI 1185 IMMOKALEE ROAD C/O COX & NICI

1185 IMMOKALEE ROAD, #110 SUITE 110

NAPLES, FL 34110 US NAPLES, FL 34110 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: JAMES R. NICI 04/26/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete

HOBAICA, PAUL J HOBAICA, PAUL J Name: Name:

Address: 1713 SW HEALTH PARKWAY Address: 1713 SW HEALTH PARKWAY, SUITE 1

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this 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.

SIGNATURE: PAUL J. HOBAICA 04/26/2006