

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90045 010 ****50.00

DOCUMENT # L02000022998

1. Entity Name
AXCESS DIAGNOSTICS BUILDING, LLC



Principal Place of Business

842 SUNSET LAKE BOULEVARD
SUITE 301
VENICE, FL 34292

Mailing Address

842 SUNSET LAKE BOULEVARD
SUITE 301
VENICE, FL 34292



03292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3870624

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MILEY, STEPHEN M M.D.
842 SUNSET LAKE BOULEVARD
SUITE 301
VENICE, FL 34292

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MILEY, STEPHEN M MD
STREET ADDRESS	842 SUNSET LAKE BOULEVARD, SUITE 301
CITY - ST - ZIP	VENICE, FL 34292

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-7-05

Date

941 488-5791

Daytime Phone #