

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026185

FILED
Apr 21, 2010
Secretary of State

Entity Name: ACCESS HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

400 SAWGRASS CORPORATE PKWY., #100
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

400 SAWGRASS CORPORATE PKWY., #100
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 56-2384404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORP DIRECT AGENTS, INC
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ADAMS, NELSON
Address: 400 SAWGRASS CORPORATE PKWY., #100
City-St-Zip: SUNRISE, FL 33325

Title: MGRM
Name: BROOKINS, JAMES
Address: 400 SAWGRASS CORPORATE PKWY., #100
City-St-Zip: SUNRISE, FL 33325

Title: MGRM
Name: MOISE, RUDOLPH
Address: 400 SAWGRASS CORPORATE PKWY., #100
City-St-Zip: SUNRISE, FL 33325

Title: CEO
Name: POWELL, RICHARD
Address: 400 SAWGRASS CORPORATE PKWY., #100
City-St-Zip: SUNRISE, FL 33325

Title: D
Name: HUNTER, JESSE
Address: 7711 CARONDELET AVE
City-St-Zip: ST LOUIS, MO 63105

Title: D
Name: LANDSBAUM, NATHAN
Address: 7711 CARONDELET AVE.
City-St-Zip: ST. LOUIS, MO 63105

I hereby 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: JAMES BROOKINS

MGRM

04/21/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date