

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043621

FILED
Jan 07, 2008
Secretary of State

Entity Name: AXCESS DIAGNOSTICS POINTE WEST, LLC

Current Principal Place of Business:

842 SUNSET LAKE BLVD STE. 301
VENICE, FL 34292

New Principal Place of Business:

6015 POINTE WEST BLVD.
SUITE 102
BRADENTON, FL 34209

Current Mailing Address:

PO BOX 447
VENICE, FL 34284

New Mailing Address:

604 EMERALD LANE
HOLMES BEACH, FL 34217

FEI Number: 20-1226825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILEY, STEPHEN M MGMR
842 SUNSET LAKE BLVD STE. 301
VENICE, FL 34292 US

Name and Address of New Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205-337 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: CLIFFORD L. WALTERS, ESQ.

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILEY, STEPHEN M M.D.
Address: 842 SUNSET LAKE BLVD STE. 301
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOWES, THOMAS D
Address: 604 EMERALD LANE
City-St-Zip: HOLMES BEACH, FL 34217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: THOMAS D. BOWES

MGR

01/07/2008

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