2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048248

City-St-Zip:

Entity Name: OPEN ACCESS MANAGEMENT SERVICES, L.L.C.

FILED Apr 23, 2008 Secretary of State

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

16400 NW 2ND AVENUE, #101 16401 NW 2ND AVENUE, #202-A NORTH MIAMI BEACH, FL 33169 NORTH MIAMI BEACH, FL 33169

Current Mailing Address: New Mailing Address:

16400 NW 2ND AVENUE, #101 16401 NW 2ND AVENUE, #202-A NORTH MIAMI BEACH, FL 33169 NORTH MIAMI BEACH, FL 33169

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

ALTMAN, SANFORD D M.D.

16400 NW 2ND AVENUE, #101

NORTH MIAMI BEACH, FL 33169 US

ALTMAN, SANFORD D M.D.

16401 NW 2ND AVENUE, #202-A

NORTH MIAMI BEACH, FL 33169 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.

City-St-Zip:

NORTH MIAMI BEACH, FL 33169

SIGNATURE: SANFORD D ALTMAN 04/23/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

NORTH MIAMI BEACH, FL 33169

MGRM Title: () Delete (X) Change () Addition ALTMAN, SANFORD D.M.D. Name: ALTMAN, SANFORD D.M.D. Name: 16400 NW 2ND AVENUE, #101 Address: 16401 NW 2ND AVENUE, #202-A Address: City-St-Zip: NORTH MIAMI BEACH, FL 33169 City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: RUSSELL, SIMON Name: RUSSELL, SIMON Address: 16400 NW 2ND AVENUE. #101 Address: 16401 NW 2ND AVENUE. #202-A

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: SANFORD D ALTMAN MGRM 04/23/2008