


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90017 016 \*\*\*\*50.00

<b>DOCUMENT # L05000080167</b> 1. Entity Name <b>ACCESS HEALTH SOLUTIONS, LLC</b>					
Principal Place of Business <b>440 SAWGRASS CORPORATE PARKWAY STE 210 SUNRISE, FL 33325</b>			Mailing Address <b>440 SAWGRASS CORPORATE PARKWAY STE 210 SUNRISE, FL 33325</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>42-1678130</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF MIAMI(EJW) 201 S. BISCAYNE BLVD STE 1500 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, RICHARD		NAME		
STREET ADDRESS	440 SAWGRASS CORPORATE PARKWAY STE 210		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, KATHY B PH D		NAME		
STREET ADDRESS	440 SAWGRASS CORPORATE PARKWAY STE 210		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathy B. Jackson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			05/01/06 866-290-9089 Date Daytime Phone #		