

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90189 003 ****50.00

DOCUMENT # L05000080167

1. Entity Name
ACCESS HEALTH MANAGEMENT, LLC



Principal Place of Business

**400 SAWGRASS CORPORATE PARKWAY STE 100
SUNRISE, FL 33325**

Mailing Address

**400 SAWGRASS CORPORATE PARKWAY STE 100
SUNRISE, FL 33325**

60020098



01112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1688130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI(EJW)
201 S. BISCAYNE BLVD STE 1500
MIAMI, FL 33131**

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POWELL, RICHARD
STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY STE 100
CITY- ST- ZIP	SUNRISE, FL 33325
TITLE	MGRM
NAME	JACKSON, KATHY B PH D
STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY STE 100
CITY- ST- ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:

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

Date

Daytime Phone #