


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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



01162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1678130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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

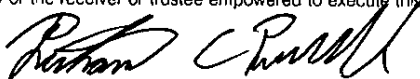
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, RICHARD 400 SAWGRASS CORPORATE PARKWAY STE 100 SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, KATHY B PH D 400 SAWGRASS CORPORATE PARKWAY STE 100 SUNRISE, FL 33325
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**DO NOT WRITE
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 #

1/16/08 866 290 9689