

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080167

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** ACCESS HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

400 SAWGRASS CORPORATE PARKWAY STE 100  
SUNRISE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

400 SAWGRASS CORPORATE PARKWAY STE 100  
SUNRISE, FL 33325

**New Mailing Address:**

**FEI Number:** 42-1678130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

CORP DIRECT AGENTS, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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: RICHARD POWELL

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POWELL, RICHARD  
Address: 400 SAWGRASS CORPORATE PARKWAY STE 100  
City-St-Zip: SUNRISE, FL 33325

Title: MGRM ( ) Delete  
Name: JACKSON, KATHY B PH D  
Address: 400 SAWGRASS CORPORATE PARKWAY STE 100  
City-St-Zip: SUNRISE, FL 33325

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD POWELL

MGRM

04/20/2009

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