

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092738

**FILED**  
**Mar 01, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

19046 BRUCE B. DOWNS BLVD.  
# 62  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

19046 BRUCE B. DOWNS BLVD.  
#62  
TAMPA, FL 33647

**New Mailing Address:**

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

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

GAMBACORTA, PETER P  
19046 BRUCE B. DOWNS BLVD.  
# 62  
TAMPA, FL 33647 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: GAMBACORTA, PETER P  
Address: 19046 BRUCE B.DOWNS #62  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

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:** PETER P GAMBACORTA

CEO

03/01/2008

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