

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018394

FILED
Jan 28, 2009
Secretary of State

Entity Name: AMERICAN ACCESS CARE OF FLORIDA, LLC

Current Principal Place of Business:

6766 W. SUNRISE BLVD., SUITE 100
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

182 INDUSTRIAL RD.
GLEN ROCK, PA 17327

New Mailing Address:

FEI Number: 20-4435929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOEL, NAVEEN
890 GOLDEN CANE DR.
WESTON, FL 33327 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: FIGUEROA, RAYMOND D
Address: 18183 PIEDMONT RD.
City-St-Zip: STEWARTSTOWN, PA 17363

Title: MGRM () Delete
Name: GOEL, NAVEEN
Address: 890 GOLDEN CANE DR.
City-St-Zip: WESTON, FL 33327

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: MELANIE SMITH

MRS.

01/28/2009

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