

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019149

FILED
Jan 12, 2007
Secretary of State

Entity Name: ACCESS CARE PROVIDERS, LLC.

Current Principal Place of Business:

P O BOX 555
ESTERO, FL 33928

New Principal Place of Business:

7292 COOLIDGE ROAD
FORT MYERS, FL 33912

Current Mailing Address:

P O BOX 555
ESTERO, FL 33928

New Mailing Address:

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

Name and Address of Current Registered Agent:

MACDONALD, ANNTONI A
7292 COOLIDGE RD
FT MYERS, FL 33912 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: MGRM () Delete
Name: SW FLORIDA DIALYSIS, SERVICES, LLC.
Address: 7292 COOLIDGE RD
City-St-Zip: FT MYERS, FL 33912

Title: MGRM () Delete
Name: ALLIED ODYSSEY, LLC.,
Address: 430 COVE TOWER DRIVE #501
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: GUARDIAN PARTNERS, L, LC
Address: P.O. BOX 887
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES:

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

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 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: ANNTONI MACDONALD

MGR

01/12/2007

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