2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L06000019149

Entity Name: ACCESS CARE PROVIDERS, LLC.

Current Principal Place of Business:

7292 COOLIDGE ROAD
FORT MYERS, FL 33912

New Principal Place of Business:

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 (X)**

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 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 M. MACDONALD MGR 04/11/2008

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