

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019149

FILED
May 05, 2009
Secretary of State

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: 02-0769103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MACDONALD, ANNTONI A
7292 COOLIDGE RD
FT MYERS, FL 33912 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: _____

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, LLC
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: JOHN A. MACDONALD

MGR

05/05/2009

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