


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

6. **FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90227 027 \*\*\*138.75

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DOCUMENT # L06000049878	
1. Entity Name HEALTHACCESS MEDICAL GROUP, LLC	

Principal Place of Business 9415 N.E. 6TH AVENUE MIAMI SHORES, FL 33138	Mailing Address P.O. BOX 141799 CORAL GABLES, FL 33114
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DO NOT WRITE IN THIS SPACE



05092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4888245	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  CORDOVA, ANGEL D 780 N.W. 42 AVE MIAMI, FL 33126
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, ISABELLE R 9415 N.E. 6TH AVENUE MIAMI SHORES, FL 33138
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Isabelle Diaz</i>	Date: 7/3/08	Daytime Phone #: 305-398-0804
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		