

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075144

FILED
Mar 23, 2009
Secretary of State

Entity Name: ACCESS HEALTH PARTNERS, LLC

Current Principal Place of Business:

2710 REW CIRCLE
STE 201
OCOEE,, FL 34761

New Principal Place of Business:

Current Mailing Address:

2710 REW CIRCLE
STE 201
OCOEE,, FL 34761

New Mailing Address:

FEI Number: 26-3110373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRVEN, ROGERS W JR
2710 REW CIRCLE
STE 201
OCOEE, FL 34761 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGM () Change (X) Addition
Name: KIRVEN, ROGERS MGM
Address: 2710 REW CIRCLE, STE 200
City-St-Zip: OCOEE, FL 34761

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: ROGERS KIRVEN

MGM

03/23/2009

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