

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084303

Entity Name: MEDICARE ACCESS LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7306 CARRINGTON OAKS LN  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

7306 CARRINGTON OAKS LN  
APOLLO BEACH, FL 33572

**New Mailing Address:**

FEI Number: 30-0502685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSADO, ROBERTO  
8140 W. WATERS AVENUE SUITE A  
TAMPA, FL 33615 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  
Name: ROSADO, ROBERTO  
Address: 7306 CARRINGTON OAKS LN  
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM  
Name: ROSADO, SURUJDAI K  
Address: 7306 CARRINGTON OAKS LANE  
City-St-Zip: APOLLO BEACH, FL 33572

I hereby 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: ROBERTO ROSADO

PRES

04/30/2010

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