

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000033669

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** ACCESS MEDICAL REALTY, LLC

**Current Principal Place of Business:**

2151 ALT A1A SOUTH  
# 1500  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

2151 ALT A1A SOUTH  
# 1500  
JUPITER, FL 33477

**New Mailing Address:**

**FEI Number:** 27-2385414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALTHOUSE, KURTIS O  
860 US HIGHWAY 1  
SUITE 108  
NORTH PALM BEACH, FL 33408 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:** ELHOSSEINY, MOHAMED  
**Address:** 2151 ALT A1A SOUTH, SUITE 1500  
**City-St-Zip:** JUPITER, FL 33477 PB

**Title:** MGRM  
**Name:** ELHOSSEINY, SUSAN  
**Address:** 2151 ALT A1A SOUTH, SUITE 1500  
**City-St-Zip:** JUPITER, FL 33477 PB

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:** MOHAMED ELHOSSEINY

MGRM

03/30/2011

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