FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75	ANNUAL		FI	LORIDA DEPARTI Katherine Secretary	Harris .		r-	יו בט		
Name and Madress of Current Registered Agent Suite, Apt. #, etc. Suite, Apt. #, et							FILED			
1. Name and Mailing Address of Limited Lability Company ACCESS HEALTHMAX LLC II 2012 SOUTH ORANGE AVE ORLANDO FL 32806 2. Principal Place of Business 2. Melling Address ORLANDO FL 32806 2. Melling Address 2. Date Organized or Outsified ORLANDO FL 32806 3. Date Organized or Outsified ORLANDO FL 32806 4. FEI Number ORLANDO FL 32806 5. Date of Last Report OF Outsified of State OF OUTSITY OF OUTSITY OF OUTSITY OF OUTSITY OF OUTSITY ORLANDO FL 32806 Name ORLANDO FL 32806 Street Address (P.O. Box Number is Not Acceptable) Suito, Apt. #, etc. City FL Zip Code FL Zip Code FL Zip Code Suito, Apt. #, etc. City FL Zip Code FL Zip Code FL Zip Code Suito, Apt. #, etc. City FL Zip Code FL City FL Zip Code FL Zip Code FL City FL Zip Code FL Zip Code FL City FL Zip Code FL City FL Zip Code FL Zip Code FL City FL Zip Code FL Zip Code FL City FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL City FL Zip Code FL City FL Zip Code FL Zip Code FL Zip Code FL City FL Zip Code FL City State and Zip Code MGRM ACCESS HEALTHMAX, INC. 2012 SOUTH ORANGE AVE ORLANDO FL ORLANDO FL	ING FEE And	nual Report \$100.00 lake Check Payable) + \$88.75 (To: FLORI	Corporation Su	pplemental Fee	1				
ACCESS HEALTHMAX LIC. IT 2012 SOUTH ORANGE AVE 0RLANDO FL 32806 2 Principal Place of Business 2e. Meiling Address 3. Date Organized or Qualified 08/22/1997 FL 4. FEI Number 39-3471179 Not 5. Date of Last Report 05/01/1998 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 8. Name and Address of New Registered Agent/Office PAVLIX, DANIEL J 2016 SOUTH ORANGE AVE ORLANDO FL 32806 Street Address (P.O. Box Number is Not Acceptable) 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered digent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the green registered agent, and accept the obligations. SIGNATURE (Pregistered Agent Accepting Appointment) POIL Registered Agent signature required security and remaining) DATE (Pregistered Agent Accepting Appointment) POIL Registered Agent signature required security and accept the green agent and accept the Agent Accepting Appointment) POIL Registered Agent signature required security and accept the green agent and accept the Organized Agent Accepting Appointment) POIL Registered Agent signature required security and accept the green agent and accept the Agent Accepting Appointment) POIL Registered Agent signature required security and accept the Agent Accepting Agent Accepting Appointment) POIL Registered Agent signature required security and accept the Agent Accepting Agent Accepting Agent	1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000932 ACCESS HEALTHMAX LLC II 2012 SOUTH ORANGE AVE						1a. Principal Place of Business Address 2012 SOUTH ORANGE AVE			
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Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number App App App Not Service App Not Ser	Principal Place of Bu	usiness	2a. Mailir	ng Address		3. Date Organize	d or Qualified	3a. State o	1 Formation	
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Zip Country	Suite, Apt. #, etc. Suite, A		J Somo, r.p.			4. FEI Number			Applied For	
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name PAVLIX, DANIEL J 2016 SOUTH ORANGE AVE ORLANDO FL 32806 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the agest registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) INOTE Registered Agent A	City & State City & St		City & Sta	ate		59-3471179		Ī	Not Applicable	
7. Name and Address of Current Registered Agent PAVLIK, DANIEL J 2016 SOUTH ORANGE AVE ORLANDO FL 32806 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Lip Code The Code Suite or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the agest registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) INDIE Registered Agent signature required when renstating) 10. Title Managing Members/Managers Business Street Address ORLANDO FL ORLANDO FL ORLANDO FL)	Country	Zıp	Coc	untry		, -			
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