2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L97000001444

Entity Name: ACCESS MEDICAL SOUTH, L.C.

Current Principal Place of Business:

8452 118TH AVENUE N.
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

8452 118TH AVENUE N.
LARGO, FL 33773

New Mailing Address:

FEI Number: 59-3488553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR. ESQ
625 COURT ST., STE. 200
CLEARWATER, FL 33756 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: MGR ( ) Delete
Name: MORTON PLANT HOSPITAL ASSOCIATION, INC.
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: MGR ( ) Delete
Name: LEE MEMORIAL HOSPITAL HOME HEALTH CARE SER
Address: 2776 CLEVELAND AVE., ATTN:MARJORY MAY
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: LEE MEMORIAL HOME HEALTH, INC
Address: 2776 CLEVELAND AVE., ATTN:MARJORY MAY
City-St-Zip: FT. MYERS, FL 33901

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: EMIL C. MARQUARDT, JR. RA 04/29/2009

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