2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L99000004698

Entity Name: ACCMED HEALTHCARE SYSTEM, L.L.C.

Current Principal Place of Business:

1560 KINGSLEY AVE
#3
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

5377 COMMISSIONER DRIVE
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3589289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHAM, BAO T
5377 COMMISSIONER DRIVE
JACKSONVILLE, FL 32224 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: PHAM, BAO T
Address: 8488 STABLES ROAD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PHAM, BAO T
Address: 5377 COMMISSIONER DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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: BAO T PHAM MGR 04/23/2008

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