

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNOUNCEMENT

1995



STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB 28 PM 4: 12

DOCUMENT # **K34600** (2)

HEALTH ACCESS, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office Address A/K/A HEALTH LINK REVIEW CORP 2269 S. UNIVERSITY DR STE 308 FORT LAUDERDALE FL 33324		Mailing Address A/K/A HEALTH LINK REVIEW CORP 2269 S. UNIVERSITY DR STE 308 FORT LAUDERDALE FL 33324	
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3. Date Incorporated or Qualified 09/19/1988	3a. Date of Last Report 01/25/1994
4. FEI Number 65-0082572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Primary State of Business 21	2a. Mailing Address 26
3. Suite, Apt. #, etc. 22	3a. Suite, Apt. #, etc. 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Zip 29
6. Country 25	6a. Country 30

9. Name and Address of Current Registered Agent

**GREEN, MITCHELL F
 4000 HOLLYWOOD BLVD.
 SUITE 485 SOUTH
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NAME, Title, and Date of Registered Agent and the Approver) (DATE)

12. OFFICERS AND DIRECTORS

NAME	VPT
NAME	BERNAL, MARLENE
STREET ADDRESS	2269 S. UNIV. DR. #308
CITY - ST - ZIP	FT. LAUDERDALE FL
NAME	DALBERY, DEAN
STREET ADDRESS	2269 S UNIVERSITY DR #308
CITY - ST - ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(9)(a), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this filing, or as an attachment with an address.

SIGNATURE: *Marlene Bernal, V.P.* **2/22/95** **(305) 452-8007**
 SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR