

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K34600** (2)

1. Corporation Name
HEALTH ACCESS, INC.



Principal Place of Business: **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**

3. Date Incorporated or Qualified: **09/19/1988**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business: **21 300 S. Pine Island Rd.**
Suite, Apt. #, etc: **22 Suite 109**
City & State: **23 Plantation, FL**
Zip: **24 33324** Country: **25 USA**
2a. Mailing Address: **26 5251 Viewridge Ct.**
Suite, Apt. #, etc.: **27**
City & State: **28 San Diego, CA 92123**
Zip: **29 92123** Country: **30 USA**

4. FEI Number: **65-0082572** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: _____ 85 Zip Code: **FL**

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 or 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: _____ DATE: _____
Signature: Typed or printed name of registered agent and identical copy. NOTE: Registered Agent Signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNAL, MARLENE	1.2 NAME	Buncher, James E.
STREET ADDRESS	2269 S. UNIV. DR. #308	1.3 STREET ADDRESS	c/o Value Health, Inc., 22 Waterville Rd
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Avon, CT 06001
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALBERY, DEAN	2.2 NAME	Plaxico, Nancy B.
STREET ADDRESS	2269 S UNIVERSITY DR #308	2.3 STREET ADDRESS	5251 Viewridge Ct.
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	San Diego, CA 92123
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Richard C. Morgan
STREET ADDRESS		3.3 STREET ADDRESS	5251 Viewridge Ct.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	San Diego, CA 92123
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE: **Blaine Faulkner, CFO/Treasurer 4/22/96 (619) 278-2273**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE

CR2E034 (12/95)