2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 8:00 am
Secretary of State
02-01-2006 90009 023 ***150.00

DOCUMENT # L03053

1. Entity Name
ACCESS MEDICAL GROUP, P.A.

Principal Place of Business	Mailing Address
C/O ALLAN L. FEDOSKY, 100 RICHBOURG A P.O. BOX 128 SHALIMAR FL 32579-0128 US	ACCESS MEDICAL GROUP P.O. BOX 5008 NICEVILLE FL 32578-5008 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Access Medical Group, P.A.	Access Medical Group P.A
Suite, Apt. #, etc.: 4554 E. HWY 20	Suite, Apt. #, etc.: PO BOX 5008
City & State: NICEVILLE, FLORIDA	City & State: NICEVILLE, FLORIDA
Zip: 32578 Country: OKALOOSA	Zip: 32578-5008 Country: OKALOOSA

4. FEI Number 59-2961026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEDOSKY, ALLAN LEE 100 RICHBOURG AVENUE SHALIMAR FL 32579	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 4554 E. HWY 20 NICEVILLE, FLORIDA City: 32578-5008 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] PRESIDENT/CEO 1/19/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FEDOSKY, ALLAN LEE		NAME	
STREET ADDRESS	P.O. BOX 128		STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN L. FEDOSKY, PRES/CEO 1/19/06 850-897-1824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #