

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000028643

**FILED  
May 04, 2009  
Secretary of State**

**Entity Name:** H.A.S. HEALTH ACCESS SERVICES, INC.

**Current Principal Place of Business:**

21101 NE 3RD COURT  
NORTH MIAMI, FL 33179

**New Principal Place of Business:**

19148 N HIBISCUS STREET  
WESTON, FL 33332

**Current Mailing Address:**

21101 NE 3RD COURT  
NORTH MIAMI, FL 33179

**New Mailing Address:**

19148 N HIBISCUS STREET  
WESTON, FL 33332

FEI Number: 65-1090959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JULIAN, ALFREDO D  
21101 NE 3RD COURT  
NORTH MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

VILLAFANE, GERARDO D  
19148 N HIBISCUS STREET  
WESTON, FL 33332 US

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: GERARDO VILLAFANE

05/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: JULIAN, ALFREDO D  
Address: 21101 NE 3RD COURT  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: VILLAFANE, GERARDO  
Address: 21101 NE 3RD COURT  
City-St-Zip: NORTH MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: VILLAFANE, GERARDO  
Address: 19148 N HIBISCUS STREET  
City-St-Zip: WESTON, FL 33179

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARDO VILLAFANE

D

05/04/2009

Electronic Signature of Signing Officer or Director

Date