

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119773

FILED
Feb 10, 2005
Secretary of State

Entity Name: ACCESS HEALTH RISK MANAGEMENT, INC.

Current Principal Place of Business:

557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751

New Principal Place of Business:

1800 PEMBROOK DRIVE
SUITE 300
ORLANDO, FL 32810

Current Mailing Address:

557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751

New Mailing Address:

1800 PEMBROOK DRIVE
SUITE 300
ORLANDO, FL 32810

FEI Number: 61-1432663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: NEHLEBER, MELVEN R
Address: 557 NORTH WYMORE ROAD, SUITE 100
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: DRAZEN, ROBERT
Address: 1800 PEMBROOK DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT DRAZEN

P

02/10/2005

Electronic Signature of Signing Officer or Director

Date