

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126083

FILED  
Apr 14, 2010  
Secretary of State

Entity Name: ACCESS MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

1440 CORAL RIDGE DRIVE  
239  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

1440 CORAL RIDGE DRIVE  
239  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number: 61-1510237      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALINUR, MARTHA C  
1440 CORAL RIDGE DRIVE  
239  
CORAL SPRINGS, FL 33071 US

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

ALINUR, SALEEM P  
1440 CORAL RIDGE DRIVE  
239  
CORAL SPRINGS, FL 33071 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: SALEEM ALINUR      04/14/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALINUR, SALEEM  
Address: 1440 CORAL RIDGE DRIVE, # 239  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP  
Name: ALINUR, MARTHA C  
Address: 1440 CORAL RIDGE DRIVE, #239  
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby 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 all other like empowered.

SIGNATURE: SALEEM ALINUR      P      04/14/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date