

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010374

Entity Name: ACCESS MANAGED CARE, INC.**Current Principal Place of Business:**590 WOODBINE WAY, APT. 516
RIVIERA BEACH, FL 33418**Current Mailing Address:**590 WOODBINE WAY, APT.516
RIVIERA BEACH, FL 33418**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD., SUITE A
TAMPA, FL 33612 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name SEABROOKS, JOLANDER
Address 590 WOODBINE WAY, APT. 516
City-State-Zip: RIVIERA BEACH FL 33418

Title DIRECTOR
Name DIXON, ELEANOR
Address 1108 DAVIS DR
City-State-Zip: TAMPA FL 33619-3728

Title SECRETARY
Name CHAMBERS, SHAKEELAH
Address 10419 SALISBURY ST.
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR
Name SHAHIS, MUSHEERAH
Address 938 SE 20TH ST
City-State-Zip: GAINESVILLE FL 32641

Title TREASURER
Name HARRIS, SHAKIA
Address 3611 SOUTH WEST 34TH ST APT 174
City-State-Zip: GAINESVILLE FL 32608

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOLANDER SEABROOKS**PRESIDENT****04/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date