

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000028643

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

**Current Principal Place of Business:**

2893 EXECUTIVE PARK DR  
SUITE 204  
WESTON, FL 33331

**Current Mailing Address:**

2893 EXECUTIVE PARK DR  
SUITE 204  
WESTON, FL 33331 US

**FEI Number:** 65-1090959

**Certificate of Status Desired:** No

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

JULIAN, ALFREDO  
9644 GINGER CT  
PARKLAND, FL 33076 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:** ALFREDO JULIAN

02/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	D
Name	JULIAN, ALFREDO	Name	VILLAFANE, GERARDO
Address	2893 EXECUTIVE PARK DR SUITE 204	Address	19148 N HIBISCUS ST
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33332

*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:** ALFREDO JULIAN

**DIRECTOR**

02/28/2020

Electronic Signature of Signing Officer/Director Detail

Date