FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:55

DOCUMENT # F94000000201 (3)

1. Corporation Name
WORLD ACCESS HEALTH CARE SERVICES, INC.

Principal Place of Business	Mailing Address
6600 WEST BROAD ST. RICHMOND VA 23230	6600 WEST BROAD ST. RICHMOND VA 23230

(DO NOT WRITE IN THIS SPACE)

3. Date Business Commenced (Or Qualified): 01/14/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 52-1155337 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (If changing Registered Agent, Signature of New Registered Agent required) (NOT Required if Registered Agent signature required elsewhere) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE		☐ Change ☐ Addition
NAME	EDELSTEIN, SOL	12 NAME		
STREET ADDRESS	6600 W. BROAD ST.	13 STREET ADDRESS		
CITY ST ZIP	RICHMOND VA	14 CITY ST ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	MCALLISTER, PATRICIA	22 NAME		
STREET ADDRESS	6600 W. BROAD ST.	23 STREET ADDRESS		
CITY ST ZIP	RICHMOND VA	24 CITY ST ZIP		
TITLE	VS	31 TITLE		☐ Change ☐ Addition
NAME	DUFFY, THOMAS E	32 NAME		
STREET ADDRESS	6600 W. BROAD ST.	33 STREET ADDRESS		
CITY ST ZIP	RICHMOND VA	34 CITY ST ZIP		
TITLE	T	41 TITLE	DELETE	☒ Change ☐ Addition
NAME	WILSON, LAWRENCE A	42 NAME		
STREET ADDRESS	6600 W. BROAD ST.	43 STREET ADDRESS		
CITY ST ZIP	RICHMOND VA	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS DUFFY Thomas Duffy 1-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED (Date)

0002725 CP