2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **F9400000201** 1. Entity Name WORLD ACCESS HEALTH CARE SERVICES! INC. 03-20-2000 90140 020 ***150.00 Principal Place of Business Mailing Address 6600 WEST BROAD ST. 6600 WEST BROAD ST. RICHMOND VA 23230-1702 RICHMOND VA 23230 UUUUUUTII 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1155337 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition ☐ Delete TITLE TITLE **EDELSTEIN. SOL** NAME NAME STREET ADDRESS 6600 W. BROAD ST. STREET ADDRESS RICHMOND VA CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE MCALLISTER, PATRICIA NAME NAME STREET ADDRESS 6600 W. BROAD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA ☐ Change Addition ☐ Delete TITLE DUFFY, THOMAS E NAME 6600 W. BROAD ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP RICHMOND VA CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete PRIDDY, DAVID NAME 6600 W BROAD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND V 23230 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P

Theorem E. D. Alexandra Signature and typed or printed name of Signature for Director

2-13-00

(804) 285-3300

Daytime Phone #