## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91758 001 \*\*\*300.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400000201

1. Entity Name

WORLD ACCESS HEALTH CARE SERVICES, INC.



Principal Place of Business Mailing Address 2235 STAPLES MILL ROAD 2235 STAPLES MILL ROAD **STE 300 STE 300** RICHMOND VA 23230 RICHMOND VA 23230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 52-1155337 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zio Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition DE VRIES, TREVOR NAME NAME STREET ADDRESS 37 RUE TAITBOUT STREET ADDRESS CITY-ST-ZIP PARIS, FRANCE F-750-9 CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE ☐ Change ANSELL, JONATHAN NAME NAME STREET ADDRESS 2235 STAPLES MILL ROAD STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RICHMOND VA 23230 TITLE Delete TITLE ☐ Change Addition NAME NAME GOLDIN, BETH STREET ADDRESS STREET ADDRESS GRABAR BLDG, 420 LEXINGTON AVE STE 1422 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10170** Treasurer + Assistant Secretory TITLE ST ☐ Delete TITLE 🔀 Change [ ] Addition PRIDDY, DAVID NAME NAME STREET ADDRESS 2235 STAPLES MILL ROAD STE 300 STREET ADDRESS CITY-ST-ZIP RICHMOND VA 23230 CITY-ST-ZIP Addition TITLE Delete TITLE Sacratory NAME NAME 2135 Staples Mill Road, Suite 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SDELLER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Daytime Phone #

2E034 (10/02)