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

APPROVED AND FILED
95 MAR 21 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006079 (7)

1. Corporation Name
ACCESSCARE, INC.

Principal Place of Business	Mailing Address
16305 SWINGLEY RIDGE DR., #100 CHESTERFIELD MO 63017	16305 SWINGLEY RIDGE DR., #100 CHESTERFIELD MO 63017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2203 N. Lois Ave.
22 Suite, Apt. #, etc. 1150
23 City & State: Tampa, FL
24 Zip: 33607 25 Country: USA

2a. Mailing Address
26 4350 Von Karman Ave.
27 Suite, Apt. #, etc. 280
28 City & State: Newport Beach, CA
29 Zip: 92660 30 Country: USA

4. FEI Number: 59-3149475 ☐ 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

ROWE, JAMES A
2203 N. LOIS AVE., #1150
TAMPA FL 33607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTDC	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FOLLMER, FRED C	1.2 NAME	Ronald G. Hersch	
STREET ADDRESS	16305 SWINGLEY RIDGE DR., #100	1.3 STREET ADDRESS	2203 N. Lois Ave. #1150	
CITY-ST-ZIP	CHESTERFIELD MO 63017	1.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	SD	2.1 TITLE	V/S/D	☒ Change ☐ Addition
NAME	RUPPERT, KERRI	2.2 NAME	Kerri Ruppert	
STREET ADDRESS	16305 SWINGLEY RIDGE DR., #100	2.3 STREET ADDRESS	4350 Von Karman Ave. #280	
CITY-ST-ZIP	CHESTERFIELD MO 63017	2.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, JAMES A	3.2 NAME		
STREET ADDRESS	2203 N. LOIS AVE., #1150	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	C	☐ Change ☒ Addition
NAME		4.2 NAME	Chriss W. Street	
STREET ADDRESS		4.3 STREET ADDRESS	4350 Von Karman Ave. #280	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do 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)(k), 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: KERRI RUPPERT 2/25/95 (714) 798-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #