

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F94000006203 (3)**

1. Corporation Name  
**HEMOPHILIA ACCESS, INC.**

Principal Place of Business  
**9857 CLOVERCROFT ROAD  
NOLENSVILLE TN 37135**

Mailing Address  
**9857 CLOVERCROFT RD  
P O BOX 367  
NOLENSVILLE TN 37135  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/06/1994**

4. FEI Number

**62-1557624**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**KELLAR, MARGE  
5 LIME STREET  
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

Name **Alex McMillan**  
Street Address (P.O. Box Number Is Not Acceptable)  
**6429 River Ridge RD.**

City **New port Richie** FL **85** Zip Code **34653**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the  
office or registered agent, or both, in the State of Florida. Such change was authorized  
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

I, the undersigned, am authorized to submit this statement for the purpose of changing its registered  
the corporation's board of directors. I hereby accept the appointment as registered

SIGNATURE **Alexander McMillan**

**Alex P. McMillan 9-14-98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **POD** ☐ DELETE  
NAME **CHITWOOD, MARGUERITE E**  
STREET ADDRESS **9857 CLOVERCROFT ROAD**  
CITY-STATE-ZIP **NOLENSVILLE TN**

1.1 TITLE **DM** ☐ Change ☒ Addition  
1.2 NAME **Michael T. Akers**  
1.3 STREET ADDRESS **9857 CLOVERCROFT ROAD**  
1.4 CITY-STATE-ZIP **NOLENSVILLE TN 37135**

TITLE **STD** ☐ DELETE  
NAME **EVANS, MARGUERITE B**  
STREET ADDRESS **2415 BUSH AVE.**  
CITY-STATE-ZIP **LEEDS AL 35094**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. 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 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: **Michael T. Akers 7-8-98 615-776-2230**

CR2E034 (5/98)