

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90012 047 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F94000006203**

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



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/06/1994**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29** **30**

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

**McMILLAN, ALEX**  
**6429 RIVER RIDGE RD.**  
**NEW PORT RICHEY FL 34653**

## 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

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	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHITWOOD, MARGUERITE E	1.2 NAME	
STREET ADDRESS	9857 CLOVERCROFT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOLENVILLE TN	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, MARGUERITE B	2.2 NAME	
STREET ADDRESS	2415 BUSH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEEDS AL 35094	2.4 CITY-ST-ZIP	
TITLE	DM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERS, MICHAEL T	3.2 NAME	
STREET ADDRESS	9857 CLOVERCROFT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOLENVILLE TN 37135	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Michael T. Akers** **3-17-99** **615-776-3230**

CR2E034 (11/98)