# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2005**
**Secretary of State**

DOCUMENT# F94000006203

**Entity Name:** HEMOPHILIA ACCESS, INC.

**Current Principal Place of Business:**

100 WINNERS CIRCLE
SUITE 120
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

150 MOTOR PARKWAY
HAUPPAUGE, NY 11788 US

**New Mailing Address:**

61 SPIT BROOK RD
NASHUA, NH 03060 US

**FEI Number: 62-1557624** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: TELLA, WILLIAM
Address: 150 MOTOR PARKWAY
City-St-Zip: HAUPPAUGE, NY 11788

Title: STD ( ) Delete
Name: LANIS, NANCY F
Address: 150 MOTOR PARKWAY
City-St-Zip: HAUPPAUGE, NY 11788

Title: D ( ) Delete
Name: FESHBACH, JOSEPH
Address: 2105 WOODSIDE RD
City-St-Zip: WOODSIDE, CA 94062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: MCCONNELL, PAUL F
Address: 61 SPIT BROOK RD
City-St-Zip: NASHUA, NH 03060

Title: SD (X) Change ( ) Addition
Name: LANIS, NANCY F
Address: 150 MOTOR PARKWAY
City-St-Zip: HAUPPAUGE, NY 11788

Title: T (X) Change ( ) Addition
Name: AXMACHER, THOMAS
Address: 150 MOTOR PARKWAY
City-St-Zip: HAUPPAUGE, NY 11788

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS AXMACHER T 04/13/2005

Electronic Signature of Signing Officer or Director Date