

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 OCT -2 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000006089 (4)

1. Corporation Name

ACCESS AMERICA MEDICAL CARE, INC.

Principal Place of Business

3550 W. WATERS AVENUE, SUITE 100  
TAMPA FL 33614

Mailing Address

3550 W. WATERS AVENUE, SUITE 100  
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1996

3a. Date of Last Report

4. FEI Number

59-3385829

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

IEZZI, ALAN J MD  
15511 N. FLORIDA AVE. SUITE B-4  
TAMPA FL 33613

10. Name and Address of New Registered Agent

81

Name

TODD HODGES

82

Street Address (P.O. Box Number is Not Acceptable)

400 N. TAMPA ST.

83

PARK TOWER #2630

84

City

TAMPA

FL

85

Zip Code

33602

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)

9/18/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME IEZZI, ALAN J MD  
STREET ADDRESS 15511 N. FLORIDA AVENUE, SUITE B-4  
CITY-ST-ZIP TAMPA FL 33613

TITLE C ☐ DELETE

NAME MANISCALCO, BENEDICT S MD  
STREET ADDRESS 2727 WEST MARTIN LUTHER KING JR BLVD.  
CITY-ST-ZIP TAMPA FL 33607

TITLE VC ☐ DELETE

NAME BROES, CHUCK  
STREET ADDRESS 8488 W. HILLSBOROUGH AVENUE SUITE 201  
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☐ DELETE

NAME PION, RON MD  
STREET ADDRESS 746 W. ADAMS BLVD.  
CITY-ST-ZIP LOS ANGELES CA 90089-7725

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do 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:

Benedict S. Maniscalco

9/18/97

(813) 87027177

CR2E034 (4/97)