

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K34600** (2)

1. Corporation Name
HEALTH ACCESS, INC.



Principal Place of Business Mailing Address
A/K/A HEALTH LINK REVIEW CORP
2269 S. UNIVERSITY DR STE 308
FORT LAUDERDALE FL 33324

3. Date Incorporated or Qualified **09/19/1988** 3a. Date of Last Report **02/28/1995**

2. Principal Place of Business 2a. Mailing Address
21 **300 S. Pine Island Rd.** 26 **5251 Viewridge Ct.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 109** 27
City & State City & State
23 **Plantation, FL** 28 **San Diego, CA 92123**
Zip Country Zip Country
24 **33324** 25 **USA** 29 **92123** 30 **USA**

4. FEI Number **65-0082572** 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

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD FL 33021

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 date of filing

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BERNAL, MARLENE	
STREET ADDRESS	2269 S. UNIV. DR. #308	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DALBERY, DEAN	
STREET ADDRESS	2269 S UNIVERSITY DR #308	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Buncher, James E.	
1.3 STREET ADDRESS	c/o Value Health, Inc., 22 Waterville Rd	
1.4 CITY-ST-ZIP	Avon, CT 06001	
2.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Plaxico, Nancy B.	
2.3 STREET ADDRESS	5251 Viewridge Ct.	
2.4 CITY-ST-ZIP	San Diego, CA 92123	
3.1 TITLE	VP/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard C. Morgan	
3.3 STREET ADDRESS	5251 Viewridge Ct.	
3.4 CITY-ST-ZIP	San Diego, CA 92123	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, unchanged, or on an attachment with an address.

SIGNATURE:

Blaine Faulkner

Blaine Faulkner, CFO/Treasurer 4/22/96 (619) 278-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Phone #

CR2E034 (12/95)