

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001784

1. Entity Name

GLOBAL HEALTH ACCESS, LLC

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2949 N.E. 1ST AVENUE  
FORT LAUDERDALE FL 33334

Mailing Address

P.O. B. 40  
2205 A WILTON DR  
WILTON MANORS FL 33305

2. Principal Place of Business

3. Mailing Address

2949 NE 1<sup>st</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

4. FEI Number

05-1002974

Applied For

Not Applicable

Zip

Country

33334

BROWARD

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAGERHOLM, A. DENISE  
504 S.W. 18TH STREET  
FORT LAUDERDALE FL 33315

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KEARNEY III, HARRY A  
2949 NE 1ST AVE  
FORT LAUDERDALE FL

TITLE  
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☐ Change ☐ Addition

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11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE HARRY A. KEARNEY III HARRY A. KEARNEY III April 20, 2001 954.567.7379  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

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