2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -1 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000016989 AF

DOCUMENT # L00000006110

1. Entity Name
HEALTH ACCESS AMERICA, L.L.C.

Principal Place of Business	Mailing Address
641 SABAL PALM ROAD MIAMI FL 33137	641 SABAL PALM ROAD MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11077 Biscayne Blvd.	11077 Biscayne Blvd.
Suite, Apt. #, etc.: Ste 110	Suite, Apt. #, etc.: Suite 110
City & State: Miami - FL	City & State: Miami - Fl.
Zip: 33161 Country: DADE	Zip: 33161 Country: DADE

4. FEI Number: 65 10 12317 ☐ Applied For ☐ Not Applicable

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
~~COEL, MARK A ESQ.~~ ~~4000 HOLLYWOOD BLVD., SUITE 350, NORTH~~ ~~HOLLYWOOD FL 33021~~ GRISELLE CHERNYS	Name: GRISELLE CHERNYS Street Address (P.O. Box Number is Not Acceptable): 10177 Biscayne Blvd. Suite 100 City: MIAMI FL Zip Code: 33161

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] GRISELLE CHERNYS 4-27-01
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

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-05/21/01--01187--018
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President GRISELLE CHERNYS 641 SABAL Palm Rd. MIAMI, FL 33137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President/Secretary EINOAR KHART 5662 S.W 1 Court Plantation, Fl 33317 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Treasurer Vivian DeFeliz 9156 Collins Av Apt 101 Surfside, Fl 33154 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: GRISELLE CHERNYS [signature] 4/27/01 305 893-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)