2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03053

Entity Name: ACCESS MEDICAL GROUP, P.A.

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ACCESS MEDICAL GROUP P.A. 4554 E HWY 20 NICEVILLE, FL 32578 US

Current Mailing Address: New Mailing Address:

ACCESS MEDICAL GROUP
P.O. BOX 5008
NICEVILLE, FL 325785008 US

ACCESS MEDICAL GROUP P.A.
P.O. BOX 5008
NICEVILLE, FL 325785008 US

FEI Number: 59-2961026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FEDOSKY, ALLAN LEE 100 RICHBOURG AVENUE 4559 E HWY 20 NICEVILLE, FL 325785008 US FEDOSKY, ALLAN LEE 4554 HWY 20 E. NICEVILLE, FL 325785008 US

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: 02/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: PRES (X) Change () Addition

 Name:
 FEDOSKY, ALLAN LEE,
 Name:
 FEDOSKY, ALLAN LEE,

 Address:
 P.O. BOX 128
 Address:
 4554 HWY 20 E.

 City-St-Zip:
 SHALIMAR, FL
 City-St-Zip:
 NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALLAN L. FEDOSKY PRES 02/18/2009