

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000001694

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** EUREKA HEALTH ACCESS LLC

**Current Principal Place of Business:**

8412 KINTAIL DR.  
CHESTERFIELD, VA 23838

**New Principal Place of Business:**

**Current Mailing Address:**

8412 KINTAIL DR.  
CHESTERFIELD, VA 23838

**New Mailing Address:**

P. O. BOX 13873  
RICHMOND, VA 23225

**FEI Number:** 54-2046824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

DEBRA, KWASI  
701 PALMETTO STREET  
STE.# A  
LEESBURG, FL 34748 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: KWASI A, DEBRA

05/01/2002

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DEBRA, KWASI A  
Address: 8412 KINTAIL DR.  
City-St-Zip: CHESTERFIELD, VA 23838

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KWASI A. DEBRA

MD

05/01/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date