

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004154

FILED
May 03, 2006
Secretary of State

Entity Name: ACCESS HERNANDO, INC.

Current Principal Place of Business:

191 EAST JEFFERSON STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

191 EAST JEFFERSON STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 41-2047765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAGS, JEAN
20 NORTH MAIN STREET
ROOM 161
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACKBURN, ROBERT DR.
Address: 10494 NORTHCLIFFE BLVD.
City-St-Zip: SPRING HILL, FL 34608

Title: VD () Delete
Name: GARCIA, HUBERT DR.
Address: 8425 NORTHCLIFFE BLVD. STE 110
City-St-Zip: SPRING HILL, FL 34606

Title: SD () Delete
Name: SMITH, MICKEY
Address: 11375 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: TD () Delete
Name: BARB, TOM
Address: POST OFFICE BOX 37
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MAW, KELLI DR.
Address: 300 S. MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: SD (X) Change () Addition
Name: BARB, TOM
Address: POST OFFICE BOX 37
City-St-Zip: BROOKSVILLE, FL 34601

Title: TD (X) Change () Addition
Name: SMITH, MICKEY
Address: 11375 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: ED () Change (X) Addition
Name: WORLEY, DARLENE R RN
Address: 191 EAST JEFFERSON ST
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE R. WORLEY, RN

ED

05/03/2006

Electronic Signature of Signing Officer or Director

Date