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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002644

1. Entity Name

A.C.C.E.S.S. CARE, INC.

Principal Place of Business	Mailing Address
2525 HARBOR BLVD SUITE 307 PORT CHARLOTTE FL 33952	2525 HARBOR BLVD SUITE 307 PORT CHARLOTTE FL 33952

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[redacted]

DO NOT WRITE IN THIS SPACE

#65-0834694

4. FEI Number ~~APPLIED FOR~~ — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, MICHAEL M 18501 MURDOCK CIRCLE SUITE 101 PORT CHARLOTTE FL 33948	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MARMOL, LUIS G MD STREET ADDRESS 2525 HARBOR BLVD, STE 307 CITY-ST-ZIP PORT CHARLOTTE FL 33952	☐ Delete	TITLE PD NAME Nancy MARMOL STREET ADDRESS 2525 Harbor Blvd, Ste 307 CITY-ST-ZIP Port Charlotte, FL 33952	☐ Change ☒ Addition
TITLE DV NAME HANSON, LENITA MD STREET ADDRESS 2400 HARBOR BLVD CITY-ST-ZIP PORT CHARLOTTE FL 33952	☐ Delete	TITLE D NAME michael wilson STREET ADDRESS 18501 murdock Circle - Ste 101 CITY-ST-ZIP Port Charlotte, FL 33948	☐ Change ☒ Addition
TITLE SD NAME KEITH, ELIZABETH STREET ADDRESS 2500 HARBOR BLVD CITY-ST-ZIP PORT CHARLOTTE FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME ASPERILLA, MARK O MD STREET ADDRESS 3300 TAMIAMI TRAIL #102A CITY-ST-ZIP PORT CHARLOTTE FL 33952	☐ Delete	TITLE D NAME Asperilla, Mark O MD STREET ADDRESS 3300 Tamiami Trail #102A CITY-ST-ZIP Port Charlotte, FL 33952	☒ Change ☐ Addition
TITLE D NAME DORIA, ORLADNO MD STREET ADDRESS 24140 BUCKINGHAM WAY CITY-ST-ZIP PORT CHARLOTTE FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME EATON, WILLIAM MD STREET ADDRESS 14400-C TAMIAMI TRAIL CITY-ST-ZIP NORTH PORT FL 34287	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

9/19/19

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Nancy MARMOL 7-18-02 (941) 235-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (4/02)