2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# N98000002644

Entity Name: A.C.C.E.S.S. CARE, INC.

Current Principal Place of Business:

2525 HARBOR BLVD
SUITE 307
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2525 HARBOR BLVD
SUITE 307
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0834694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MICHAEL M
18501 MURDOCK CIRCLE
SUITE 101
PORT CHARLOTTE, FL 33948 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:	MARMOL, LUIS G MD	
Address:	2525 HARBOR BLVD, STE 307	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	DV	( ) Delete
Name:	HANSON, LENITA MD	
Address:	2400 HARBOR BLVD	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	SD	( ) Delete
Name:	KEITH, ELIZABETH	
Address:	2500 HARBOR BLVD	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	ASPERILLA, MARK O MD	
Address:	3300 TAMIAMI TRAIL #102A	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	DORIA, ORLADNO MD	
Address:	24140 BUCKINGHAM WAY	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	TD	( ) Delete
Name:	MARMOL, NANCY	
Address:	2525 HARBOR BLVD STE 307	
City-St-Zip:	PORT CHARLOTTE, FL 33952	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: NANCY MARMOL TD 03/31/2004

Electronic Signature of Signing Officer or Director — Date