

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033612

FILED
Mar 07, 2005
Secretary of State

Entity Name: HEALTH ACCESS AMERICA, INC.

Current Principal Place of Business:

10800 BISCAYNE BLVD.
STE 700
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

10800 BISCAYNE BLVD.
STE 700
MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-1003425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERNYS, GRISELLE C
10800 BISCAYNE BLVD.
700
MIAMI, FL 33161 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHERNYS, GRISELLE
Address: 641 SABAL PALM RD
City-St-Zip: MIAMI, FL 33137

Title: VPS () Delete
Name: KHANT, EINDAR
Address: 5662 SW 1 COURT
City-St-Zip: PLANTATION, FL 33317

Title: VPT () Delete
Name: TORRES, VIVIAN C
Address: 46 NE 100 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: VPT () Delete
Name: FELIZOLA, MARVIN
Address: 16562 SW 97 TERR
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPT (X) Change () Addition
Name: TORRES, VIVIAN C
Address: 277 SQUIRE DRIVE
City-St-Zip: WELLINGTON, FL 33414

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN C. TORRES

VPT

03/07/2005

Electronic Signature of Signing Officer or Director

_____ Date