

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033612

FILED
Jan 30, 2007
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:

703 WATERFORD WAY
STE 390
MIAMI, FL 33126

Current Mailing Address:

10800 BISCAYNE BLVD.
STE 700
MIAMI, FL 33161

New Mailing Address:

703 WATERFORD WAY
STE 390
MIAMI, FL 33126

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:

CHERNYS, GRISELLE C
703 WATERFORD WAY
SUITE 390
MIAMI, FL 33126 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: GRISELLE CHERNYS

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHERNYS, GRISELLE
Address: 10 EDGEWATER DRIVE APT. 5H
City-St-Zip: CORAL GABLES, FL 33133

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: 1020 SCARLET OAK STREET
City-St-Zip: HOLLYWOOD, FL 33019

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

SIGNATURE: GRISELLE CHERNYS

P

01/30/2007

Electronic Signature of Signing Officer or Director

Date