

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90153 014 ***150.00

DOCUMENT # P00000033612

1. Entity Name
HEALTH ACCESS AMERICA, INC.



Principal Place of Business
11077 BISCAYNE BLVD.

STE-100
MIAMI FL 33161

Mailing Address
641 DABAL PALM RD
MIAMI FL 33137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1003425

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

CHERNYS, GRISELLE C

~~641 SABAL PALM RD~~
~~MIAMI FL 33137~~

Name

Street Address (P.O. Box Number is Not Acceptable)

11077 Biscayne Blvd #100

City

FL

Zip Code 33161

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

1/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CHERNYS, GRISELLE
STREET ADDRESS 641 SABAL PALM RD
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE VPS
NAME KHANT, EINDAR
STREET ADDRESS 5662 SW 1 COURT
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE VPT
NAME TORRES, VIVIAN
STREET ADDRESS 9156 COLLINS AVENUE # 101
CITY-ST-ZIP SURFSIDE FL 33154 ☐ Delete

TITLE VPT
NAME FELIZOLA, MARVIN
STREET ADDRESS 16562 SW 97 TERR
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT
NAME Torres, Vivian
STREET ADDRESS 1140 101 Street #302
CITY-ST-ZIP Bay Harbor Islands, FL 33154 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

305-8935157

CR2E034 (10/02)