

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90418 046 \*\*\*150.00

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<b>DOCUMENT #</b> P01000044211	
<b>1. Entity Name</b> ACCESS WELLNESS SERVICES, INC.	

<b>Principal Place of Business</b> 8001 N DALE MABRY HWY STE 501 R TAMPA FL 33614	<b>Mailing Address</b> PO BOX 271364 TAMPA FL 33688
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 03-0405330	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> ADERHOLD, THOMAS R 8001 N DALE MABRY HWY STE 501 R TAMPA FL 33614	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADERHOLD, THOMAS R PO BOX 271364 TAMPA FL 33688-1364 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AL-ANDARY, HAZEM 8001 N DALE MABRY HWY STE 501 R TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CORNETT, JUDY 8001 N DALE MABRY HWY STE 501 R TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BOWLING, BARBARA PO BOX 271364 TAMPA FL 33688-1364 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **4-29-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)