

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062489

Entity Name: FLORIDA HEALTH ACCESS, INC.

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

1201 HARDEE ROAD  
MIAMI, FL 332560427

## New Principal Place of Business:

3905 SEGOVIA STREET  
MIAMI, FL 332560427

## Current Mailing Address:

PO BOX 560427  
MIAMI, FL 332560427

## New Mailing Address:

FEI Number: 27-0024445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSSELL, A. DAVID  
1201 HARDEE ROAD  
MIAMI, FL 332560427 US

## Name and Address of New Registered Agent:

RUSSELL, A. DAVID  
3905 SEGOVIA STREET  
MIAMI, FL 332560427 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:

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RUSSELL, A. DAVID CEO  
Address: P.O. BOX 560427  
City-St-Zip: MIAMI, FL 332560427

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: A DAVID RUSSELL

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date