

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91408 009 ***150.00

DOCUMENT # **P02000034946**

1. Entity Name

Full Access Healthcare Solutions, Inc.



DO NOT WRITE IN THIS SPACE

20041142

2. Principal Place of Business

949 NW 37 Terrace

Suite, Apt. #, etc.

3. Mailing Address

949 NW 37 Terr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

Zip
33445

Country

City & State

Delray Beach FL

Zip

33445

Country

4. FEI Number

03-0415489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Panse Brown

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

949 NW 37 Terrace

City

Delray Beach

FL

Zip Code

33445

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 (if applicable, (NOTE: Registered Agent signature required when restate))

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Treas. Panse C. Brown 949 NW 37th Terrace Delray Bch, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Trevor A. Gordon 949 NW 37th Terrace Delray Bch, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec. Maureen A. Powell 949 NW 37th Terrace Delray Bch, FL 33445 |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Panse Brown

President

5/1/03

**(561)
496-6561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Panse C. Brown

Date

Daytime Phone #

CR2ED34B (12/02)