

## **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000069710

**FILED**  
**Dec 07, 2005**  
**Secretary of State**

**Entity Name:** ACCESSIBLE HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

210 N. UNIVERSITY DRIVE  
SUITE 707  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

210 N. UNIVERSITY DRIVE  
SUITE 806  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

210 N. UNIVERSITY DRIVE  
SUITE 707  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

210 N. UNIVERSITY DRIVE  
SUITE 806  
CORAL SPRINGS, FL 33071

**FEI Number:** 74-3154707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SALEM, MIRELLA  
210 UNIVERSITY DRIVE  
SUITE 707  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: MIRELLA, SALEM  
Address: 210 N. UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MIRELLA, SALEM  
Address: 210 N. UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MS

P

12/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date